EMMANUEL HOSPITAL ASSOCIATION

THE MID-TERM IMPACT ASSESSMENT STUDY ON HARM REDUCTION TRAININGS

FINAL REPORT

Project Hifazat, The Global Fund Rd-9 HIV-IDU Grant
Emmanuel Hospital Association

NEW DELHI, MAY 2014

EMMANUEL HOSPITAL ASSOCIATION

Global Fund Round 9 HIV - IDU Grant, Hifazat Project:

Strengthen the capacity, reach and quality of IDU harm reduction services

Year of Publication

May 2014

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MID-TERM IMPACT ASSESSMENT STUDY ON HARM REDUCTION TRAININGS BY PROJECT HIFAZAT

Currently, 'Injecting Drug Users' (IDUs) are referred to as 'People Who Inject Drugs' (PWID). However, the term 'Injecting Drug Users' (IDUs), has been used in this document to maintain consistency with the term used presently in National AIDS Control Program.

The assessment was carried out by an independent consultant. Funding support for the assessment was provided by The Global Fund to Fight AIDS, Tuberculosis and Malaria- Round-9 India HIV-IDU Grant No. IDA-910-G21-H with Emmanuel Hospital Association as Principal Recipient'.

Acknowledgement

The author would like to acknowledge the invaluable feedback and support received from the Project Management Unit (PMU) of Project HIFAZAT, Emmanuel Hospitals Association (the Principal Recipient of the grant "Global Fund to Fight AIDS, Tuberculosis and Malaria - India HIV-IDU Grant No. IDA-910-G21-H"), that contributed significantly to the development of this document. Specifically, he would like to acknowledge the contribution and support from Dr. P.K. John, Dr. Sheena George, Mr. Joy Ganguly, Mr. Abhishek Lyall and Ms. Namita Bakshi. The participants at the "*Learning and Sharing Workshop*" organised by the Project Hifazat, Emmanuel Hospitals Association and supported by Department of AIDS Control, and Sikkim State AIDS Control Society provided useful suggestions and the author is thankful to them.

Six investigators carried out the field level assessment for this study. The author profusely thanks Ira Madan (Haryana, Delhi, Uttar Pradesh), Chingsubam Bangkim (Manipur, Nagaland, Assam, Meghalaya), Kongtea Kong (Mizoram), Koshal Rathore (Chhattisgarh, Madhya Pradesh), Debashish Das (West Bengal and Odisha) and, K. Shivakumar (Kerala, Andhra Pradesh, Maharashtra) for their sincere and dedicated field work and data collection.

Contents

List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AIIMS	All India Institute of Medical Sciences
ANM	Auxiliary Nurse Midwife
ART	Anti Retroviral Therapy
BCC	Behaviour Change Communication
CBNA	Capacity Building Needs Assessment
CCI	Country Coordinating Mechanism
CIP	Central Institute of Psychiatry
CSRD	Centre for Social Research and Development
DIC	Drop-In Centre
DOTS	Daily Observed Treatment Strategy
EHA	Emmanuel Hospital Association
FIDU	Female Injecting Drug User
GF	Global Fund
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
Hep C	Hepatitis C
HFAO	Health For All Organization
HIV	Human Immunodeficiency Virus
HR	Harm Reduction
HRG	High Risk Group
ICTC	Integrated Counselling and Testing Centre
IDU	Injecting Drug User
IDUs	Injecting Drug Users
IDU-TI	Injecting Drug User - Targeted Intervention
KEM	King Edward Memorial
KGMC	King George Medical College
LRRC	Lamka Rehabilitation & Research Centre
LS	Learning Site
LSSS	Lok Smriti Seva Sansthan
M&E	Monitoring and Evaluation
MSD & RB	Mizoram Social Defense & Rehabilitation Board
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NACP IV	National AIDS Control Programme Phase IV
NDDTC	National Drug Dependence Treatment Centre
NDPS	Act Narcotic Drugs and Psychotropic Substances Act
NGO	Non- Governmental Organisation
NEIGRIHMS	North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences
NIMHANS	National Institute of Mental Health and Neuro Sciences
No.	Number
NSEP	Needle Syringe Exchange Programme
NSP	Needle Syringe Programme
ORW	Outreach worker
OST	Opioid Substitution Therapy
PE	Peer Educator
PM	Programme Manager

PMU	Project Management Unit
PPT	PowerPoint
PR	Principal Recipient
RIMS	Regional Institute of Medical Sciences
RTTC	Regional Technical Training Centre
SACS	State AIDS Control Societies
SD	Standard Deviation
SPYM	Society for Promotion of Youth and Masses
SR	Sub Recipients
STI	Sexually Transmitted Infections
STRC	State Training and Resource Centre
TB	Tuberculosis
TI	Targeted Intervention
TOT	Training of Trainers
TSU	Technical Support Unit
UNODC ROSA	United Nations Office on Drugs and Crime Regional Office for South Asia
WADA	Women Anti-Drug Association

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Colour codes:

50% and below: Red

51% - 66%: Blue

67% and above: Black

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EXECUTIVE SUMMARY

Building, strengthening and sustaining the capacity of various categories of service providers working with the injecting drug users (IDUs) at the targeted intervention (TI) sites is essential to develop an effective, efficient and sustainable harm reduction response. The objective of the midterm assessment study was to assess the levels of capacities, knowledge, attitude and practice related to harm reduction services among the doctors, nurses, programme managers, counsellors, outreach workers and peer educators subsequent to receiving harm reduction training organised under the Hifazat Project. A multi-method strategy comprising review of existing information related to the harm reduction training as well as colleting primary data from selected participants was employed for this assessment that helped to understand the impact of the training in building the capacity of harm reduction workforce. The chief component of the assessment was quantitative as well as qualitative data obtained by six experienced field investigators through interviews with IDU-TI staff working in different regions of the country. The information was gathered from 135 TI staff that included 36 outreach workers, 32 peer educators, 35 programme managers/counsellors and 32 doctors/nurses. Privacy and confidentiality was maintained during the data collection and analysis process. The study on the "*capacity building needs assessment in the context of IDU-TIs in India*" was utilised to serve as proxy indicators of baseline capacity of the IDU-TI staff for comparison with the current findings.

Key findings:

Method	Findings
Review of the workshops	Through a total of 489 harm reduction training programmes, 10,615 persons engaged with IDU services have been provided training. Majority (N = 6856, 63%) of the trainings have been organised by learning sites (LS). It is observed that so far 5983 peer educators, 1632 outreach workers, 585 counsellors, 563 programme managers, 648 nurses and 442 doctors have been trained under the Project Hifazat.
Review of training reports	Compared with pre-training, there is improvement in knowledge levels related to opioid substitution therapy (OST), peer education, outreach and core harm reduction services.
Analysis of services at the LS	In many LS, the number of registered IDUs, those accessing services and receiving a variety of services has increased following the implementation of training workshops.
Quantitative data – demographics and training received	Most have higher secondary level or more of education Duration in the job at respective IDU-TI - Mean ± SD: 34.4 ± 2.3 70% have received a combination of harm reduction trainings. Most (84%) have received the training module(s).
Quantitative data – participants' reaction to the training	Majority (>50%) of the participants' reaction to the overall content, quality of power point slides, quality of presentation, quality of the group activities and facilitation of activities by the trainers is rated as 'very good or excellent'.
Qualitative data – participants' reaction to the training	Qualitative interviews confirmed the positive reaction to the training. The choice of the resource persons, their understanding related to field level activities, use of Hindi or local language in the training specifically for peer educators and the timing of the sessions should be reconsidered in future trainings.

Quantitative and qualitative data – good learning as a result of harm reduction training programme	Improved learning in knowledge/skills related to harm reduction in almost all (98%) participants. *Outreach workers and Peer educators*: learning is adequate in understanding vulnerability of IDUs, issues related to peer education and outreach, behaviour change communication, condom programming, needle syringe exchange programme, waste disposal, advocacy with law enforcement; referrals for ICTC; and, overdose prevention & management. *Programme managers and Counsellors*: learning related to IDU vulnerability, harm reduction, drop-in-centre related activities, advocacy, key activities for IDUs and planning, implementing work plan is satisfactory. *Clinical staff*: learning in assessment and diagnosis, abscess prevention and management, HIV/sexually transmitted infections related services, overdose prevention and management is good.
Quantitative data – less learning as a result of harm reduction training programme	*Peer educators and Outreach workers*: learning is less in women drug use, female sexual partners of IDUs, co-morbidities and advocacy. *Programme managers and Counsellors*: less learning is observed in female drug use, female sex partners, co-morbidities, procurement, strategic planning and financial management. *Doctors & Nurses*: learnt less in basics of drugs, principles of harm reduction, detoxification, OST, advocacy, co-morbid condition and networking & referral services.
Quantitative and qualitative data – change in job performance due to harm reduction training	96% of the participants opine that they are able to apply what they learnt from the harm reduction training in their job environment. 65% of all respondents evaluate themselves as 'very good to excellent' in level of knowledge/skills related to the job after the harm reduction training programme. 54% of respondents rate that the training programme is very effective in providing with new knowledge or skills. Most (95%) of all respondents agree that their quality of work has improved after the training programme. Qualitative data identifies changes that have positively influenced regular work of TI staff with IDUs. These include: effective communication with IDUs, outreach planning, overdose prevention, better documentation and advocacy with various stakeholders.
Quantitative and qualitative data – impact due to harm reduction training	*Peer educators and Outreach workers*: positive impact in delivering HIV prevention services for IDUs; increased access to HIV prevention services and improved quality of service among IDUs. *Programme managers and Counsellors*: HIV prevention and counselling services for IDUs has improved; advocacy with the community, advocacy for referral and mobilisation of IDU community have enhanced. *Clinical staff*: improved access and delivery of clinical services for IDUs. The access and delivery of HIV prevention services, counselling and clinical services have been suboptimal for the spouses and female sexual partners of male IDUs.
Comparison of midterm assessment findings with proxy	Appropriate training materials in the areas of OST, overdose management, comorbidity, community mobilisation and specific modules for IDU service providers developed in the current project, a felt need identified earlier.

indicators identified in capacity building needs assessment	In the current midterm assessment it is observed that the knowledge and skills learnt during the harm reduction training is actually being applied effectively in job performance whereas it was earlier observed that IDU-TI service providers were unable to translate the learning from the training programme to field practice. The capacity related to overdose prevention and management was identified earlier as a gap at the IDU-TIs. In the current assessment, OD prevention/management has improved considerably and the qualitative data highlights how lives are being saved through effective field level implementation of overdose prevention and management. Another area that has been identified earlier as a gap that has shown improvement in the current midterm assessment is the capacity to deliver OST.

The midterm assessment carried out reveals that capacity inputs into building the knowledge and developing the skills related to harm reduction related issues has resulted in improved confidence and competence at the individual level for the harm reduction workforce in implementing better HIV prevention and treatment services for IDUs.

Recommendations:

1. Focus on women drug use and female injecting drug use in existing training modules for all the categories of service providers; OST in pregnancy, breast feeding in OST training programmes.
2. The training modules for each category of TI staff should include sessions on issues concerning HIV prevention and treatment services for the spouses/regular sexual partners of IDUs.
3. Scale-up of specific OST trainings by Regional Technical Training Centres (RTTCs). In addition, OST should be included in all harm reduction trainings for various categories of service providers as many request for adequate information related to OST.
4. The training sessions for all IDU service providers should include adequate information on hepatitis C. Scaling up co-morbidity training will ensure that the clinical team members are in a better position to understand the clinical issues surrounding the management of co-morbid physical, mental disorders and co-occurring substance use disorders.
5. There is a need to improve the inputs related to advocacy with the general community and advocacy for effective referral networks in future trainings.
6. Areas such as financial management, procurement and strategic planning need to be paid attention in future training programmes.
7. It is necessary to institute training of trainers (TOT) programme to increase the number of OST trainers across the country.
8. As State Training and Resource Centres (STRCs) are currently not engaged with the Project Hifazat, it is essential that programme managers and counsellors are imparted training through other institutional structures.
9. It is obligatory to include a trained OST resource person in all harm reduction trainings for peer educators and outreach workers by LS as not all learning sites across the country have OST co-located in their harm reduction services.
10. Suggestions obtained in qualitative interviews related to resource persons, timing of sessions, language used during training and participatory interaction are useful to redesign the training process and methods.

1. BACKGROUND

THE GLOBAL FUND to Fight AIDS, Tuberculosis and Malaria (GFATM), country owned, performance based funding has provided the Round 9 India HIV grant through the Emmanuel Hospital Association (EHA), the Principal Recipient (PR) for the Project Hifazat to strengthen the capacity, reach and quality of Harm Reduction services for Injecting Drug Users (IDUs) through involved institutions and individuals for and on behalf of the Country Coordinating Mechanism (CCM) and the National AIDS Control Organization (NACO) of the Ministry of Health & Family Welfare.

Capacity building is a critical component to ensure that comprehensive HIV prevention and treatment interventions for IDUs are developed and implemented across the country. Building, strengthening and sustaining the capacity of people at different levels is essential to develop an effective, efficient and sustainable response. A key component of the capacity building is identifying the capacity building needs through a structured mechanism and addressing the training needs for a range of service providers engaged in harm reduction activities targeting the IDUs. The capacity of the following service providers working in the targeted intervention (TI) sites for IDUs and their sexual partners across the country needs to be enhanced:

1. Medical officers and nurses in charge of the TIs and OST clinics
2. TI programme managers and counsellors
3. Outreach workers and peer educators at the TIs

The following structures exist within the national system to strengthen the capacity of the above groups of individuals:

1. State AIDS Control Society (SACS)
2. State Training and Resource Centre (STRC)
3. Technical Support unit (TSU)

The Global Fund utilised as well as established new mechanisms for enhancing the capacity of the various service providers. Three types of structures to offer training have been identified:

1. Regional Technical Training Centres (RTTCs)
2. State Training and Resource Centres (STRC)
3. Learning Sites (LS)

The RTTCs were established at the premier Medical Colleges with the aim of imparting training for the medical officers and paramedical professionals on Clinical services for people who inject drugs and their sexual partners, management of co-morbid conditions and Opioid substitution therapy. The RTTCs train the doctors and nurses from TI Sites and they are:

1.	National Drug Dependence Treatment Centre, All India Institute of Medical Sciences (AIIMS)	Ghaziabad	Uttar Pradesh
2.	King George's Medical College (KGMC)	Lucknow	Uttar Pradesh
3.	King Edward Memorial (KEM) Hospital	Mumbai	Maharashtra
4.	NEIGRIHMS	Shillong	Meghalaya
5.	Dibrugarh Medical College	Dibrugarh	Assam
6.	Regional Institute of Medical Sciences (RIMS)	Imphal	Manipur
7.	Central Institute of Psychiatry	Ranchi	Jharkhand
8.	National Institute of Mental Health and Neuro Sciences (NIMHANS)	Bengaluru	Karnataka

STRCs trained Project Managers, Counsellors and Outreach Workers from TI sites in their respective regions and they are:

1.	Lok Smriti Seva Sansthan	Allahabad	Uttar Pradesh
2.	Delhi School of Social Work Society	Delhi	Delhi
3.	Emmanuel Hospital Association	Guwahati	Assam
4.	Emmanuel Hospital Association	Guwahati	Assam
5.	Child in Need Institution	Kolkata	West Bengal
6.	Solidarity & Action Against the HIV Infection in India	Bhubaneshwar	Odisha
7.	Mizoram Social Defense & Rehabilitation Board (MSD & RD)	Aizawl	Mizoram
8.	XISS	Ranchi	Jharkhand
9.	Samarthan	Raipur	Chhattisgarh
10.	Centre for Operation Research & Training	Baroda	Gujarat
11.	Solidarity & Action Against the HIV Infection in India	Jaipur	Rajasthan

None of these STRCs are now working with the Project Hifazat.

The learning Sites train the peer educators from TI Sites and provide supportive supervision to 20-30 neighbouring TI sites. The learning sites are:

1.	Lok Smriti Seva Sansthan (LSSS)	Allahabad	Uttar Pradesh
2.	Society for Promotion of Youth and Masses (SPYM)	New Delhi	Delhi
3.	Abhivyakti	Jalandhar	Punjab
4.	Sankalp Rehabilitation Trust	Mumbai	Maharashtra
5.	Global Organisation for Life Development	Guwahati	Assam
6.	The Calcutta Samaritans	Kolkata	West Bengal
7.	LEPRA	Bhubaneshwar	Odisha
8.	Health For All Organization (HFAO)	Thoubal	Manipur
9.	Lamka Rehabilitation & Research Centre (LRRC)	Churachandpur	Manipur
10.	Nirvana Foundation	Imphal	Manipur
11.	Samaritan Society of Mizoram	Aizawl	Mizoram
12.	Women Anti- Drug Association (WADA)	Lunglei	Mizoram
13.	Bethesda Youth Welfare Centre	Dimapur	Nagaland
14.	Care and Support Society	Mokokchung	Nagaland
15.	Hopers Foundation	Chennai	Tamilnadu
16.	Centre for Social Research & Development (CSRD)	Kozikode	Kerala
17.	Kalyani	Durg	Chhattisgarh

Two sites, Don Bosco, Ambala in Haryana and Narayani Sewa Sangsthan, Hajipur in Bihar are not affiliated with the Project Hifazat at present.

The training of the above service providers have been guided through the training manuals developed by UNODC ROSA under this grant. The training modules developed by UNODC ROSA under this project have been used in the harm reduction training. Four of the training modules addressed the needs of the TI personnel: peer educators; outreach workers; programme managers; and the clinical staff including the doctors and nurses. In addition, two thematic modules on comorbidity and advocacy, community mobilisation, referral and networking for IDU Interventions were developed. The modules were used by trainers for training the staff of IDU TI and they are designed to enhance knowledge, skills and attitudes of the trainees.

A midterm assessment has been planned to assess the change, if any in the existing levels of capacities, knowledge, attitude and practice related to harm reduction services among the various categories of service providers.

2. OBJECTIVE

The objective of the midterm assessment study was:

> to assess the levels of capacities, knowledge, attitude and practice related to harm reduction services among the doctors, nurses, programme managers, counsellors, outreach workers and peer educators subsequent to receiving harm reduction training organised under the Hifazat Project.

3. METHOD

Study methods
The key methods to gather relevant information are:

a) Review of the 'Capacity Building Needs Assessment in the context of IDU TIs in India' by UNODC ROSA developed under the Project Hifazat to identify key indicators of the existing levels of capacity among various categories of service providers.
b) Review the training materials, guidelines/manuals used in the harm reduction trainings; analyse the training calendar by the Project Hifazat and the training reports generated by the training agencies; review the data related to harm reduction services at the learning sites before and after establishing the harm reduction training.
c) Information obtained through structured interviews from programme managers, counsellors, medical officers, nurses, outreach workers and peer educators working across TIs in different regions of the country.

Data collection
Review of the 'Capacity Building Needs Assessment in the context of IDU TIs in India' study, documentations related to training programme was carried out the Principal Consultant, Dr. M. Suresh Kumar. The questionnaires for structured interviews with different categories of service providers was designed and developed by the Principal Consultant in consultation with the PMU (the questionnaires are included in Appendix). The questionnaires contained different sections that elicited information on defined characteristics. The sections are:

Section A: Socio-demographic information
Section B: Details related to harm reduction training
Section C: Participants' reaction to the harm reduction training programme
Section D: Participants' learning as a result of receiving the harm reduction training program
Section E: Participants' change in performance on their job due to harm reduction training
Section F: Participants' impression about the impact on IDUs & their sexual partners due to the training received

The questionnaires were field tested before the commencement of the actual data collection. A team of field investigators were selected and recruited to collect the data at the selected TI sites from different regions of the country. The Investigators and the respective States from which they collected the data are as follows:

Ira Madan	(Delhi, Haryana and Uttar Pradesh)
Koshal Rathore	(Chhattisgarh, Madhya Pradesh)
Debashish Das	(West Bengal and Odisha)
Chingsubam Bangkim	(Manipur, Nagaland, Assam, Meghalaya)
Kongtea Kong	(Mizoram)

K. Shivakumar (Kerala, Andhra Pradesh, Maharashtra)
These investigators were provided training on data collection by the Principal Consultant through Skype before the beginning of data collection.

Sampling

The sample for the study was recruited purposively from TI sites that have undergone harm reduction training organised by Project Hifazat. The proposed and actual sampling obtained is as follows:

Table 1: Proposed Sampling Plan

IDI Plan (Qualitative)	Data collected – Region wise						
	Northeast Manipur Nagaland Assam Meghalaya Mizoram	**North** Delhi Haryana UP	**Central** Chhattisgarh Madhya Pradesh	**East** Odisha West Bengal	**South** Kerala AP	**West** Maharashtra	**Overall**
Programme manager/Counsellor	16	6	4	4	3	2	**35**
Medical officer/Nurse	16	6	4	4	3	2	**35**
Outreach worker	16	6	4	4	3	2	**35**
Peer Educator	16	6	4	4	3	2	**35**
Total IDIs	**64**	**24**	**16**	**16**	**12**	**8**	**140**

Table 2: Actual Sampling

IDI Plan (Qualitative)	Data collected – Region wise						
	Northeast Manipur Nagaland Assam Meghalaya Mizoram	**North** Delhi Haryana UP	**Central** Chhattisgarh Madhya Pradesh	**East*** Odisha	**South** Kerala AP	**West** Maharashtra	**Overall**
Programme manager/Counsellor	16	8	4	2	3	2	**35**
Medical officer/Nurse	16	6	3	2	3	2	**32**
Outreach worker	17	7	5	2	3	2	**36**
Peer Educator	15	6	4	2	3	2	**32**
Total IDIs	**64**	**27**	**16**	**8**	**12**	**8**	**135**

* Sample from West Bengal excluded in the analysis

Table 3: State-wide Sampling

State	**Outreach workers/peer educators**	**Programme managers/Counsellors**	**Doctors/Nurses**	**Total sample**
Haryana	1	2	1	4
Delhi	8	3	5	16
Uttar Pradesh	4	3	0	7
Madhya Pradesh	4	2	2	8
Chhattisgarh	5	2	1	8
Odisha	4	2	2	8
Manipur	10	5	5	20
Nagaland	10	5	5	20
Assam	2	1	1	4
Meghalaya	2	1	1	4
Mizoram	8	4	4	16
Andhra Pradesh	2	1	1	4
Kerala	4	2	2	8
Maharashtra	4	2	2	8
Total	68	35	32	135

Even though the proposed sample was obtained from West Bengal, at the advice of the West Bengal SACS, the data from this State was not included for analysis.

Analysis

The review of the study 'Capacity Building Needs Assessment (CBNA) in the context of IDU TIs in India' was done to identify the proxy indicators for the levels of capacity among various service providers before the initiation of harm reduction training as the baseline report was not helpful to understand the existing levels of capacity.

The training modules, the training calendars and training reports subsequent to each training was analysed to understand the content, process and participants' feedback of the training programme. In addition the services provided at the various learning sites before and after the training programme was established was analysed.

The quantitative variables from the questionnaires were entered into excel sheets and then analysed using SPSS version 16. The qualitative variables were content analysed and emerging themes were identified.

Ethical Issues

- Privacy and confidentiality was maintained during the data collection and analysis process.
- None of the subjects interviewed were subjected to any intervention.
- Participation in the study was purely voluntary in nature. Informed consent was obtained from all the participating subjects.
- Decision of a subject to participate or decline, had no bearing on services being provided in any manner.
- None of the intellectual property norms and laws was violated in developing the data collection tools.

4. FINDINGS

4.1. EXISTING INFORMATION

4.1.1. CAPACITY BUILDING NEEDS ASSESSMENT IN THE CONTEXT OF IDU TIS IN INDIA

The study "capacity building needs assessment in the context of IDU TIs in India' made several key observations that can serve as proxy indicators of capacity of the various levels of staff at the IDU TIs:

Training materials

The need for additional resource materials and audio visual materials were expressed by some IDU-TIs.

STRCs opined that there are certain themes in which adequate training materials targeting IDU-TIs were unavailable and they included Opioid Substitution Therapy (OST), overdose management, community mobilisation, female IDUs/ female partners of male IDUs.

Training for IDU TIs

It is critical to train all IDU-TI staff to effectively implement and provide optimal harm reduction services for IDUs and their sex partners.

A third of (33%) doctors, more than a fourth (27%) of the counsellors, a fifth of the nurses (20%), 18% of the outreach workers and 10% of the program managers have not attended any training at all.

SACS officials believed that the training of peer educators was a challenge as it is difficult to bring and retain them in the training sites.

The TSUs observed that the training for the IDU TIs didn't focus on IDU related concerns and instead was generalised.

TSUs also opined that the IDU TI service providers were unable to translate the learning from the training programme to field practice.

Lack of timely training was a major concern for IDU TIs.

Some IDU TIs also expressed concern about the resource persons, particularly about their communication style and language.

Identified gaps in the capacity of IDU TIs

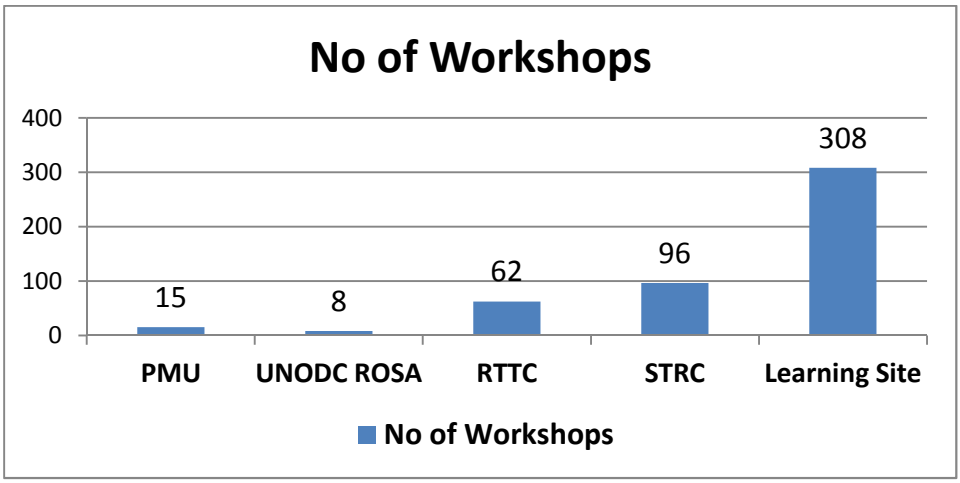
SACS officials in various states identified the gaps in the capacity of the IDU TIs; the key areas of concern were medical issues such as overdose management and issues related to female drug users and female partners of male IDUs.

The areas identified by TSUs as gaps in the IDU training were: outreach planning, needle syringe exchange programme (NSEP), waste disposal management, advocacy & networking, documentation & reporting.

The areas identified by the IDU TI staff as gaps in harm reduction training included OST, overdose management, providing services to female IDUs and female sex partners of male IDUs.

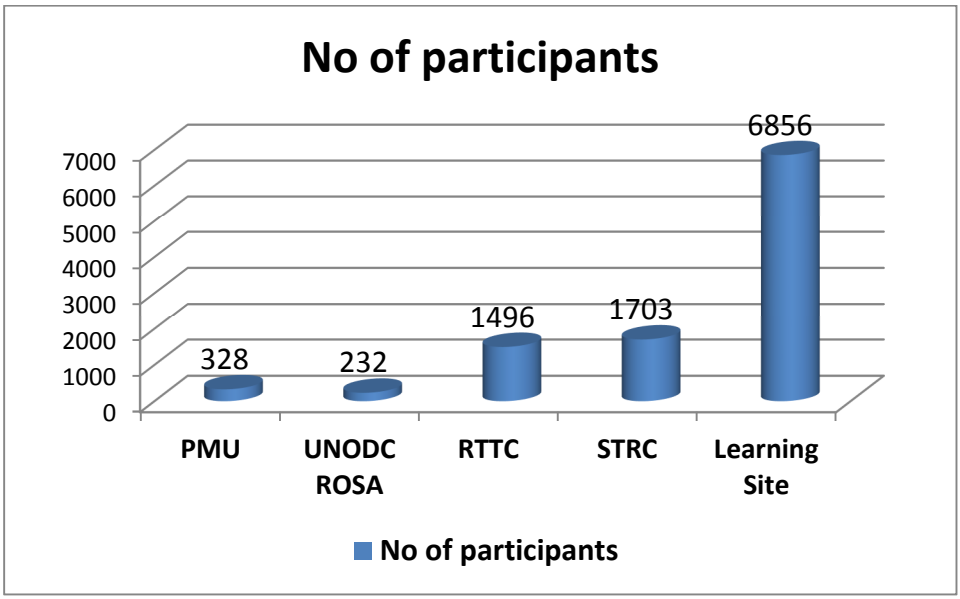
4.1.2. ANALYSIS OF THE TRAINING BY PROJECT HIFAZAT

Figure 1: Number of Workshops organised by Project Hifazat



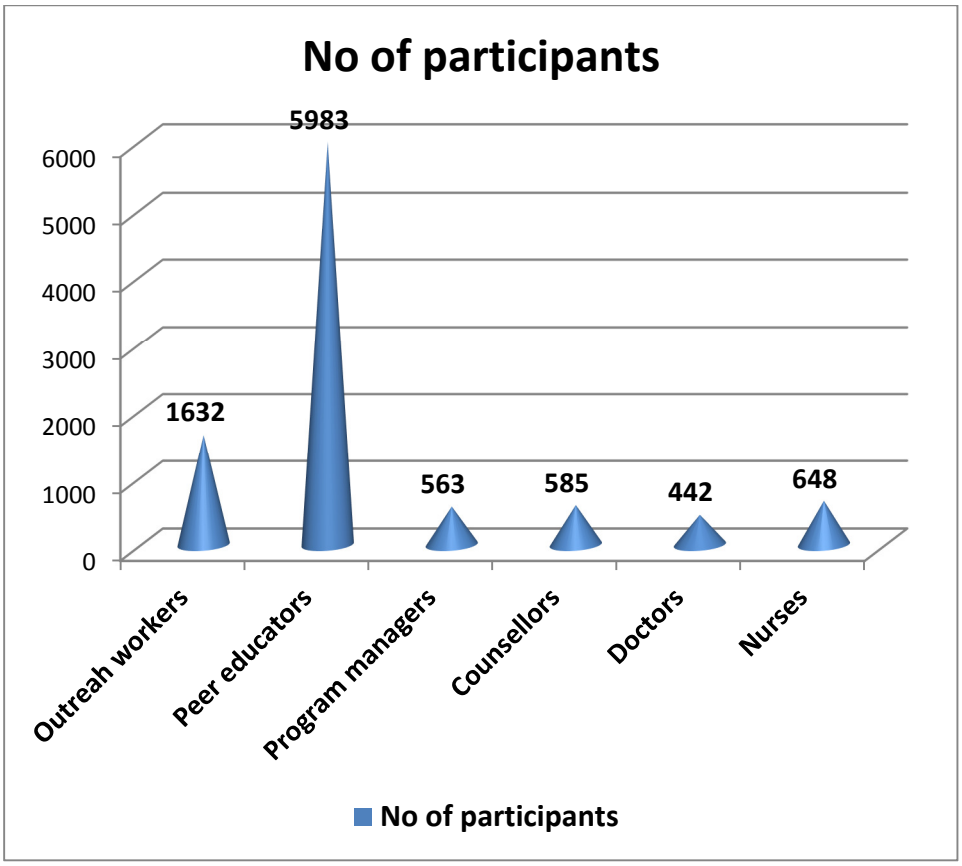
Sixty three percent (N =308) of the 489 workshops organized by the Project Hifazat have been conducted by the Learning Sites spread across the country; these sites provide harm reduction training for peer educators and outreach workers engaged in IDU-TIs. STRCs have carried out nearly a fifth (N =96; 19.6%) of the total training workshops. Sixty-two (12.7%) of the harm reduction training programmes have been implemented by the RTTCs; they provide training for the doctors and auxiliary nurse midwife (ANM).

Figure 2: Number of participants at the training programmes organised by various SRs



Of the 10615 persons trained through the Project Hifazat, 6856 (64.6%) have been trained by the learning sites followed by STRCs (16%), RTTCs (14.1%), PMU (3%) and UNODC (2.2%).

Figure 3: Number of participants at the training programmes by category of employment



Among the categories of outreach workers, peer educators, programme managers, counsellors, doctors and nurses, a total of 9853 persons have been trained. Among them, 5983 peer educators (60.7%), 1632 outreach workers (16.6%), 585 counsellors (5.9%), 563 programme managers (5.7%), 648 nurses (6.6%) and 442 doctors (4.5%) received harm reduction training.

4.1.3. ANALYSIS OF SELECTED TRAINING REPORTS

RTTCs

OST Clinic Staff: The five day induction training programme conducted for the OST clinic and TI staff by National Drug Dependence Treatment Centre, AIIMS in November, December 2013 and January 2014 in New Delhi and during December 2013 at Raipur helped participants in better understanding of the OST programme. Their doubts related to OST implementation were clarified during the workshop and they were confident about effective OST implementation at the end of the workshop. The post-training score increased significantly from pre-training levels in all the training programmes. During January 2014, a five-day induction OST training was organised for OST clinic staff at Bengaluru by NIMHANS. Topics such as motivational interviewing and relapse prevention helped in building the skills of the participants to deal with patients seeking OST. By the end of training, they were confident in dealing with various issues encountered during OST implementation. The knowledge levels on the subject among the participants increased from the pre-test to the post- test.

Clinical Staff: The five-day induction training programme on harm reduction for clinical staff (doctors and nurses) organized by CIP during December 2013 at Ranchi was very useful for developing skills and attitudes required for conducting outreach for Clinical Staff of IDU-TI and also increasing confidence level of participants by providing them with expert information. Additionally the participants were given hand out materials. Subsequent to the training programme, the post-training score increased significantly from pre-training levels. The participants of the five day induction training programme for clinical staff of TIs conducted in September 2013 at Mumbai by KEM hospital expressed satisfaction with the quality of teaching, contents of the sessions, accommodation and transportation facility provided to them. There was significant improvement in the post-test scores following the training amongst three fourth of participants.

STRCs

Outreach workers: In September 2011, STRC, MSD & RB organized a five-day harm reduction training for TI outreach workers at Aizwal, Mizoram. The level of participation was satisfactory; the sessions covered were based on the training module. The important lessons learnt during the training include: strengthening referrals to STI services, ICTC and ART; OST and its benefits; approaches to effective working with the IDU community; and advocacy for harm reduction. STRC, Kerala & Lakshadweep conducted a training programme in September 2011. The feedback from the participants showed that the training was beneficial for them and made them confident to continue the work more effectively. Participants were satisfied with the training module and the methodology adopted for training. In the training programme organized by STRC (Centre for Operations Research and Training) during March 2012, although the participants were satisfied with the training, they provided suggestions to improve the quality of training. The areas to strengthen include OST and ART for IDUs.

Counsellors: STRC for West Bengal, Odisha and Sikkim (Child in Need Institution) carried out a training programme for IDU TI counsellors during September 2012. The different topics like understanding drugs, role and responsibility of the counsellors, harm related to injection and injecting site, OST, HIV/AIDS, assessment and diagnosis were covered and the same were found to be useful by the participants.

Programme managers and other TI staff: STRC - Samarthan conducted a training programme for the programme managers, counsellors and outreach workers in Bhopal during September 2012. The participants were well equipped with basic information about working with IDUs in field; but required orientation on behaviour change communication and outreach planning. The participants were not aware about the programme indicators, liaison with peer educators and relevance of identifying stakeholders in the field.

Learning Sites

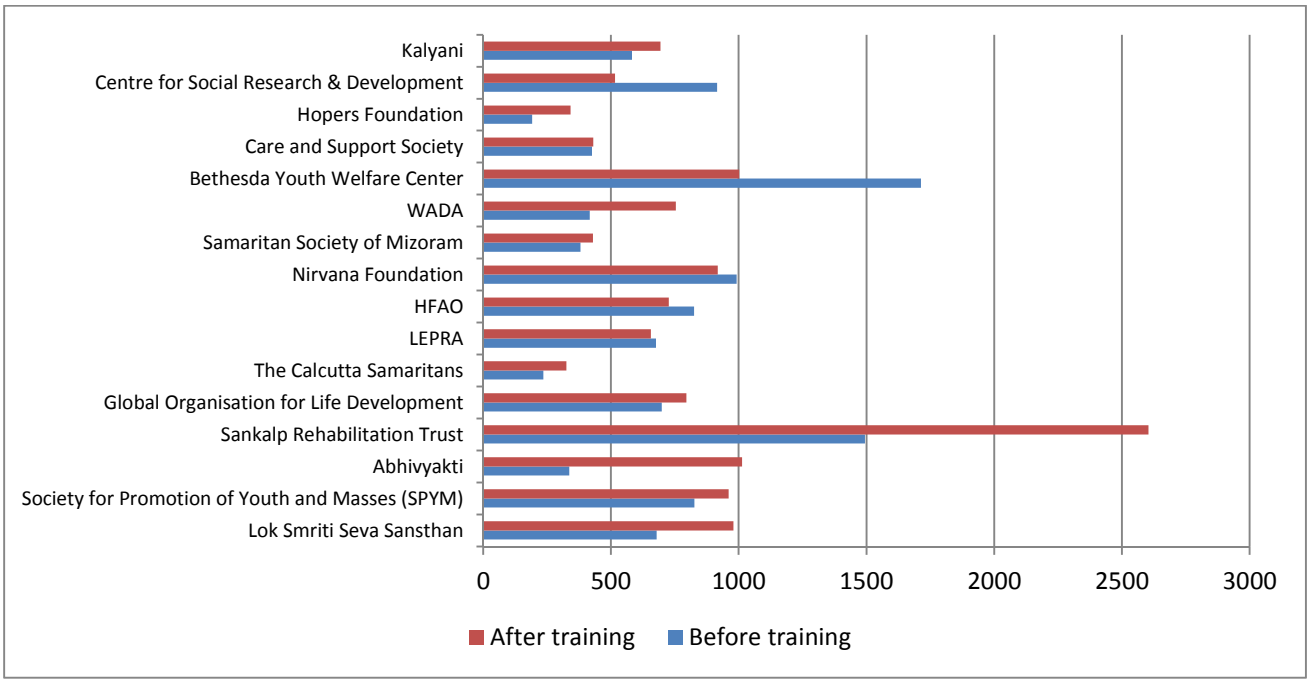
Outreach workers: Centre for Social Research & Development, Calicut organized the training programme for outreach workers during November 2013. The participants who have been recently recruited to the job benefited immensely and gained insights into their field work. Global Organization for Life Development, learning site at Guwahati conducted an induction training programme on harm reduction for outreach workers in February 2014. Using the training module for outreach workers, training was conducted and the post-test scores almost doubled from the pre-test scores. In the refresher training carried out in November 2013 by Calcutta Samiritans, the participants appreciated the methodology adopted for conducting the sessions. Moreover, they gained significantly during the session on waste disposal, outreach planning, tools for effective outreach and OST. Nirvana Foundation, Manipur State conducted outreach workers refresher training in January 2014. Induction training was organized for outreach workers by the learning site Abhivyukti Foundation during January 2014 and Feb - March 2014 at Jalandhar, Punjab. The trainings were productive and helped the participants to understand the various aspects in outreach activities.

Peer educators: The learning site in Delhi, SPYM conducted the training programme for peer educators in September 2011 and September 2013. The trainings were provided in simple Hindi. The sessions were interactive and participatory and helped them to learn various issues concerning harm reduction for IDUs. Many participants were first timers to harm reduction training and showed significant changes in levels of knowledge post-training. Bethesda Youth Welfare Centre, Dimapur carried out the harm reduction training programme for peer educators during September 2011 and the training was productive for the participants. Hopers Foundation, Chennai organized induction and refresher training for peer educators during October 2011 and October 2013 respectively. The participants understood the challenges in field level implementation of harm reduction initiatives for IDUs. The training helped to improve their knowledge levels. In the induction trainings for peer educators conducted by Sankalp Rehabilitation Trust, Mumbai during December 2013 and January 2014, the participants were attentive, enthusiastic, cooperative, ready to learn, work in group, sharing their experiences from the field and ready to work for their own community to reduce the harm. Lamka

Rehabilitation & Research Centre, Churachandpur, Manipur arranged a refresher training programme during February 2014. The purpose of the training was to make the outreach worker understand about TI programme and its components; HIV/STI service package; their roles; various tools for effective outreach implementation; and design of outreach plan, There was significant gain subsequent to the training as appreciated through change in the pre-test and post-test scores. The facilitators made appropriate local adaptations to the training module to suit the needs of the participants. The workshop was successful and there was significant change from the pre-test levels of knowledge following training. Health for All Organisation arranged refresher training for peer educators during February 2014 at Thoubal District, Manipur. For group work, local language was used while writing and reporting back to the plenary and this was appreciated by the participants as it helped to express themselves better. In the refresher training for peer educators conducted by Women Anti-drug Association, Lunglei during February 2014 the following sessions were found to be very useful: waste disposal, effective communication, abscess prevention, management, safer injecting, and overdose prevention & management.

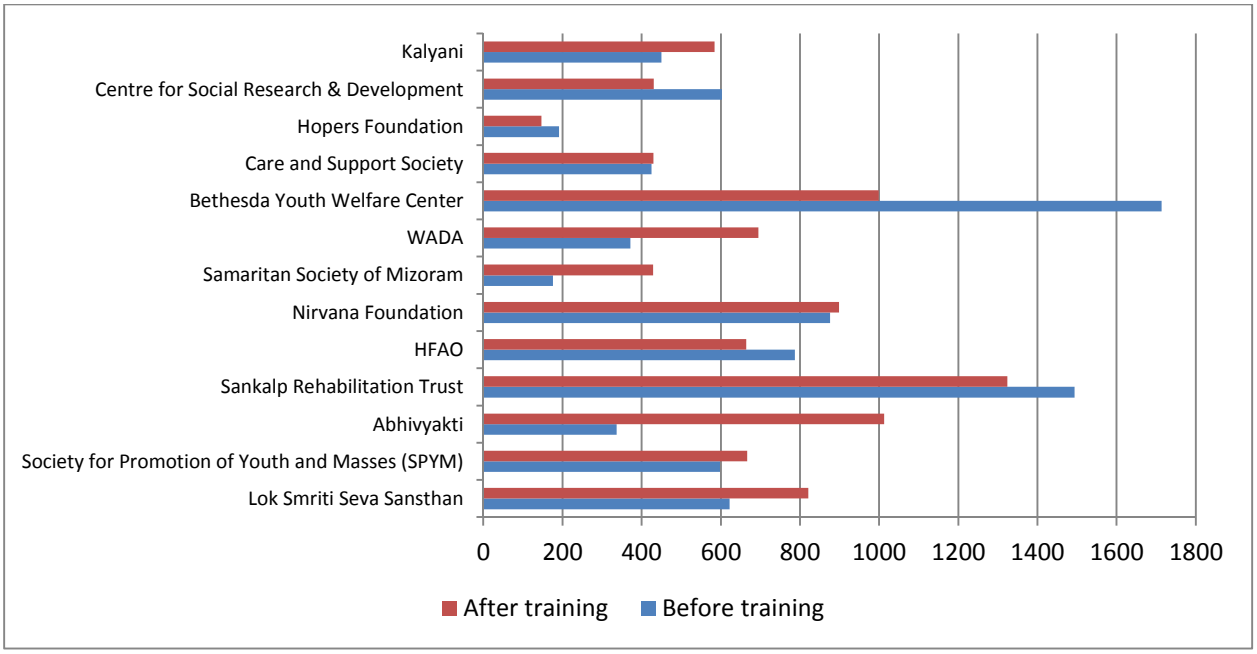
4.1.4. SERVICES AT THE LEARNING SITES AFTER THE HARM REDUCTION TRAINING

Figure 4: No of IDUs registered at the Learning Sites



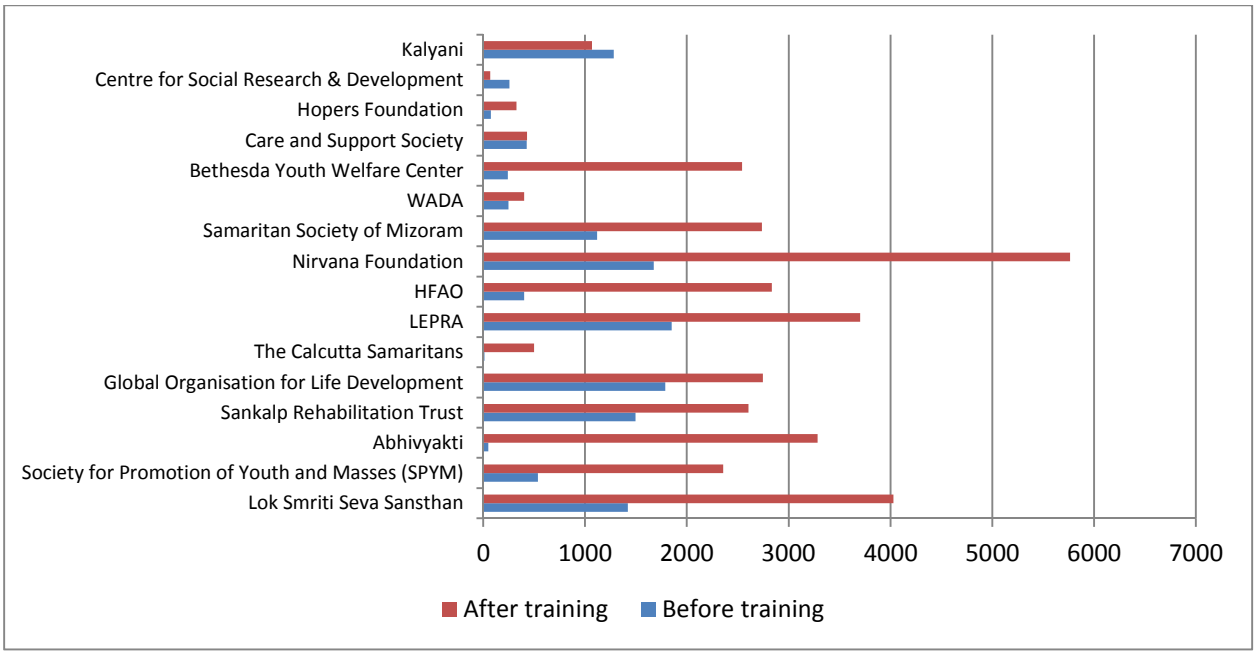
In the following learning sites, the number of IDUs registered increased after the harm reduction training programme: Lok Smriti Seva Sansthan, Allahabad; Society for Promotion of Youth and Masses (SPYM), New Delhi; Abhivyakti, Jalandhar; Sankalp Rehabilitation Trust, Mumbai; Global Organisation for Life Development, Guwahati; The Calcutta Samaritans, Kolkata; Samaritan Society of Mizoram, Aizwal; WADA, Lunglei; Hopers Foundation, Chennai; Kalyani, Durg; and Care and Support Society, Mokokchung.

Figure 5: No of IDUs accessed services at the Learning Sites



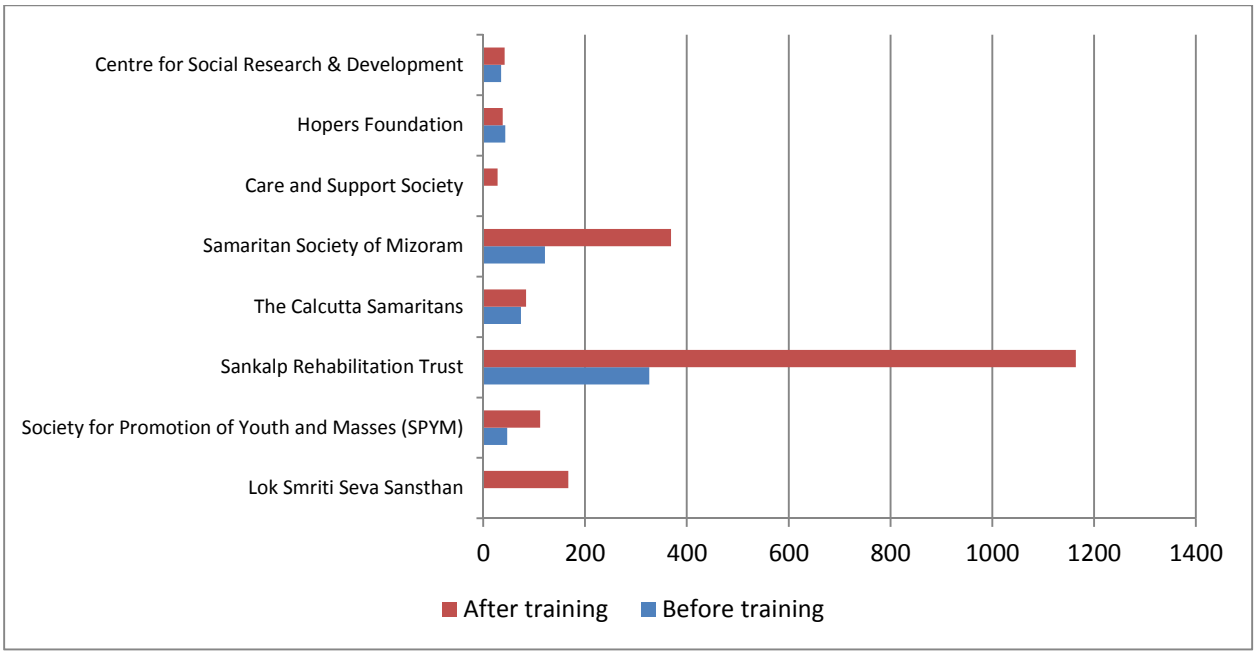
The learning sites in which the number of IDUs who accessed services increased after the harm reduction training programme are: Lok Smriti Seva Sansthan, Allahabad; Society for Promotion of Youth and Masses (SPYM), New Delhi; Abhivyakti, Jalandhar; Sankalp Rehabilitation Trust, Mumbai; Nirvana Foundation, Imphal; Samaritan Society of Mizoram, Aizwal; WADA, Lunglei; Kalyani, Durg; and Care and Support Society, Mokokchung.

Figure 6: No of referrals to ICTC at the Learning Sites



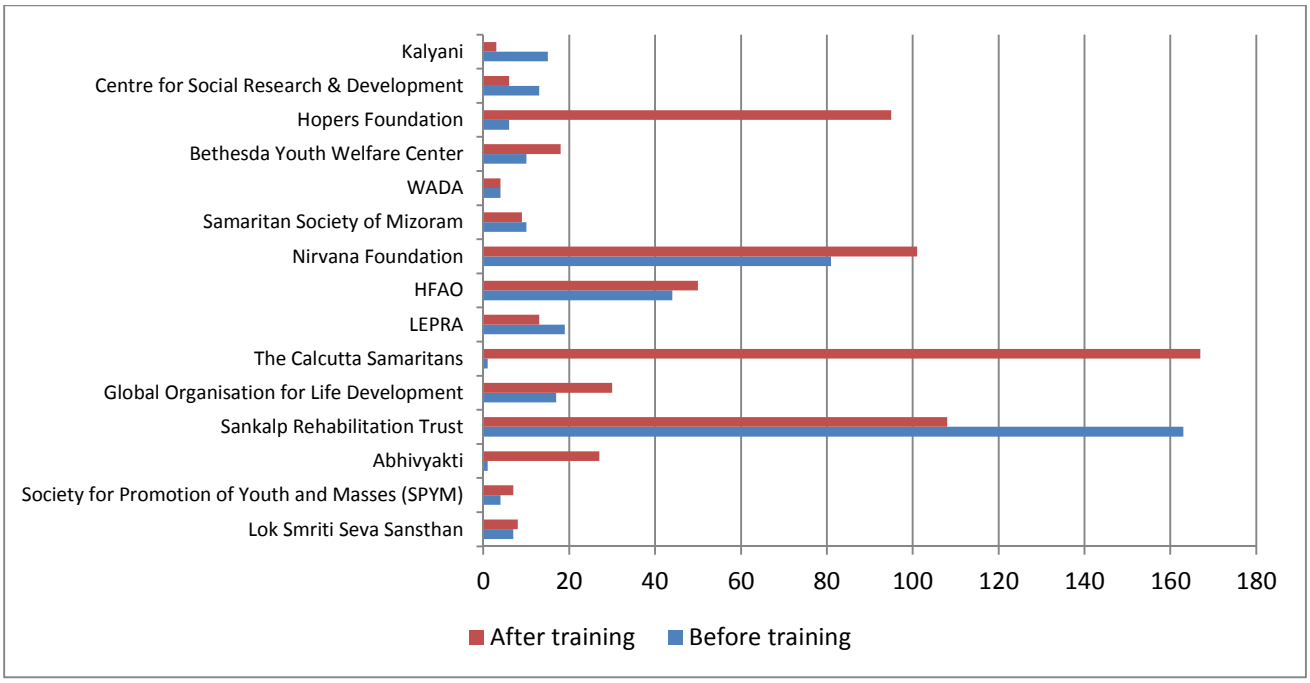
Subsequent to the harm reduction training the number of referrals to the ICTC improved in the following learning sites: Lok Smriti Seva Sansthan, Allahabad; Society for Promotion of Youth and Masses (SPYM), New Delhi; Abhivyakti, Jalandhar; Sankalp Rehabilitation Trust, Mumbai; Global Organisation for Life Development, Guwahati; The Calcutta Samaritans, Kolkata; LEPRA, Bhubaneshwar; HFAO, Thoubal; Nirvana Foundation, Imphal; Samaritan Society of Mizoram, Aizwal; WADA, Lunglei; Bethesda Youth Welfare Centre, Dimapur; Hopers Foundation, Chennai; Kalyani, Durg; and Care and Support Society, Mokokchung.

Figure 7: No of IDUs registered for OST at the Learning Sites



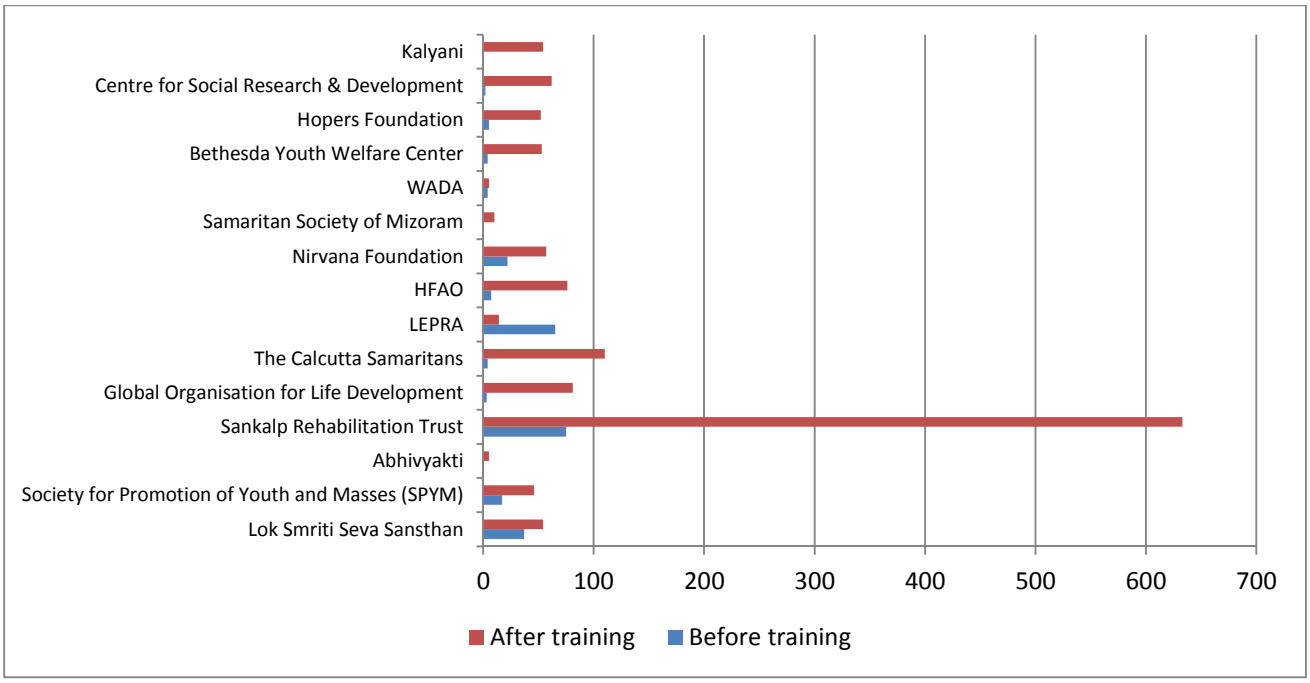
The opioid substitution therapy is being offered by a proportion of the learning sites. Among these sites, subsequent to the harm reduction training, the number of registered IDUs for OST improved in the following: Lok Smriti Seva Sansthan, Allahabad; Society for Promotion of Youth and Masses (SPYM), New Delhi; Sankalp Rehabilitation Trust, Mumbai; The Calcutta Samaritans, Kolkata; Samaritan Society of Mizoram, Aizwal; Hopers Foundation, Chennai; Care and Support Society, Mokokchung; and Centre for Social Research & Development, Kozhikode.

Figure 8: No of referrals to anti-retroviral therapy (ART) at the learning sites



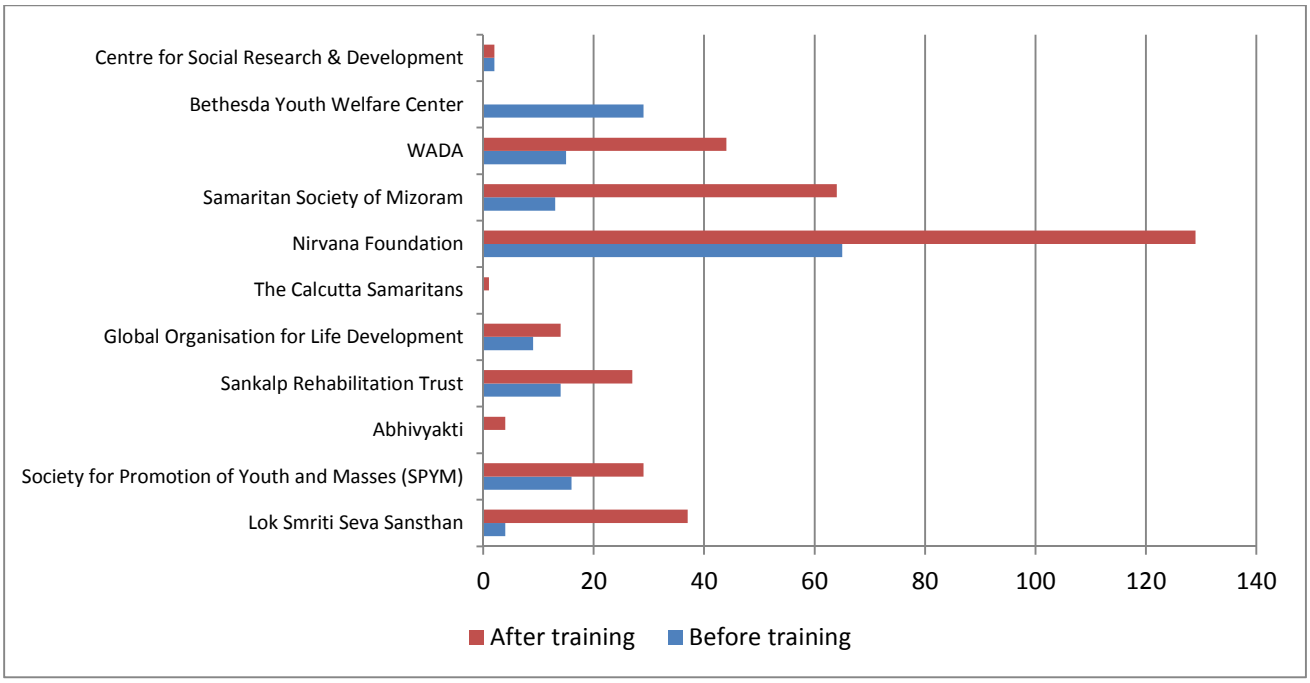
Following the harm reduction training, significant improvement in ART referrals occurred at the following learning sites: The Calcutta Samaritans, Kolkata; Hopers Foundation, Chennai; Nirvana Foundation, Imphal; and Global Organization for Life Development, Guwahati.

Figure 9: No of referrals to DOTS at the learning sites



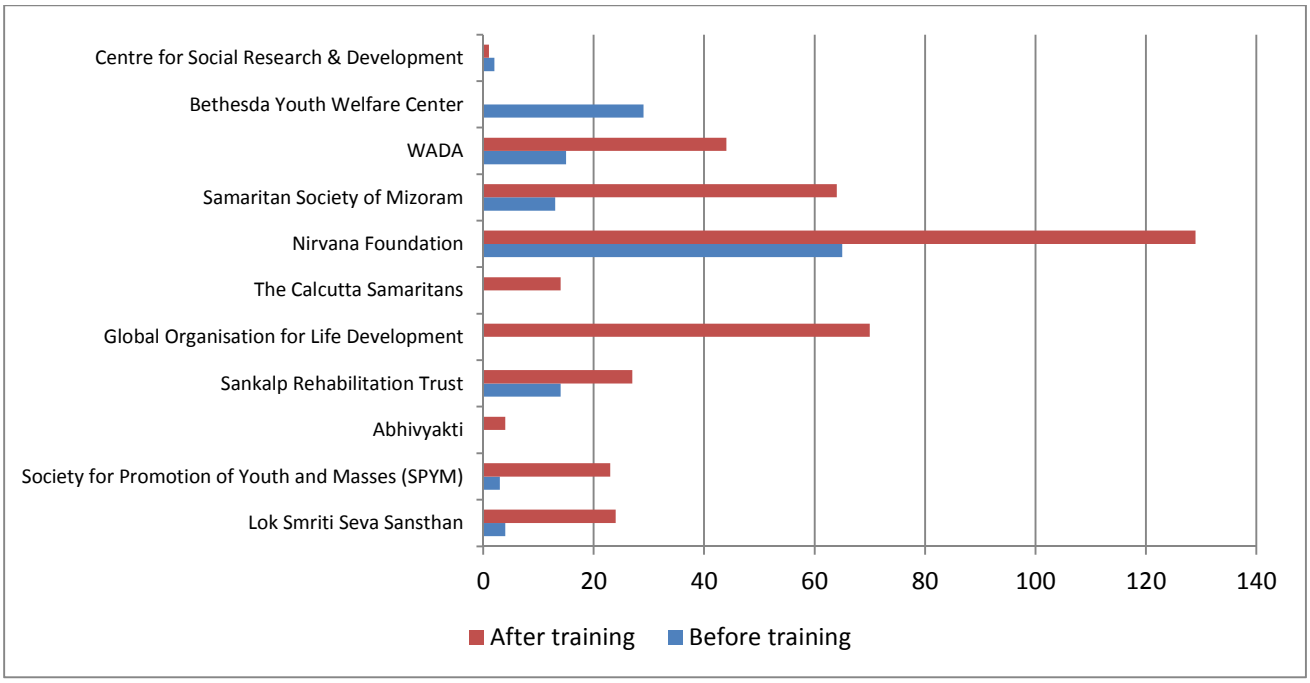
Tuberculosis is an important comorbidity among both HIV infected as well as HIV uninfected drug using populations. The referrals to DOTS escalated significantly in Sankalp Rehabilitation Trust, Mumbai; The Calcutta Samaritans, Kolkata; Global Organisation for Life Development, Guwahati; HFAO, Thoubal; Centre for Social Research & Development, Kozhikode; Hopers Foundation, Chennai; Kalyani, Durg; Bethesda Youth Welfare Center, Dimapur; Nirvana Foundation, Imphal; Society for Promotion of Youth and Masses (SPYM), New Delhi; Lok Smriti Seva Sansthan, Allahabad; Samaritan Society of Mizoram, Aizwal; and, Abhiyukti, Jalandhar.

Figure 10: No of FIDUs registered at the Learning Sites



A proportion of the learning sites also provide services for female injecting drug users. In the following learning sites, an increase in the number of FIDUs registered increased: Nirvana Foundation, Imphal; Samaritan Society of Mizoram, Aizwal; WADA, Lunglei; Lok Smriti Seva Sansthan, Allahabad; Society for Promotion of Youth and Masses (SPYM), New Delhi; Sankalp Rehabilitation Trust, Mumbai; Global Organisation for Life Development, Guwahati; and Abhivyakti, Jalandhar.

Figure 11: No of FIDUs accessed services at the Learning Sites



In the following learning sites the number of FIDUs accessing services increased subsequent to the harm reduction training by Project Hifazat: Nirvana Foundation, Imphal; Samaritan Society of Mizoram, Aizwal; WADA, Lunglei; Lok Smriti Seva Sansthan, Allahabad; Society for Promotion of Youth and Masses (SPYM), New Delhi; Sankalp Rehabilitation Trust, Mumbai; Global Organisation for Life Development, Guwahati; and Abhivyakti, Jalandhar.

4.2. ASSESSMENT FINDINGS

4.2.1. Demographic characteristics

Table 4: Demographic characteristics of all respondents and by category of employment at the targeted intervention

Demographic characteristics	Total Sample N = 135		Programme Managers & Counsellors N = 35		Medical Officers & Nurses N = 32		Outreach Workers & Peer educators N = 68	
	Number	% or Mean ± SD	Number	% or Mean ± SD	Number	% or Mean ± SD	Number	% or Mean ± SD
Age (in years)	-	35.8 ± 9.9	-	37.4 ± 9.2	-	37.1 ± 1.4		34.4 ± 7.5
Gender								
Males	95	70.4%	23	65.7%	11	34.4%	61	89.7%
Females	40	29.6%	12	34.3%	21	65.6%	7	10.3%
Education								
Elementary	4	2.9%					4	5.9%
Middle	14	10.4%					14	20.6%
Higher Sec	43	31.9%	1	2.9%	14	43.8%	28	41.2%
Undergraduate	32	23.7%	7	20%	9	28.1%	16	23.5%
Postgraduate	42	31.1%	27	77.1%	9	28.1%	6	8.8%
Duration in job (in months)	-	34.4 ± 2.3	-	34.3 ± 2	-	38.5 ± 2.5	-	32.5 ± 22.6

The mean age of all respondents (N = 135) to the midterm assessment is 35.8 ± 9.9; the mean age of the programme manages/counsellors (N = 35) is 37.4 ± 9.2; the medical officers/nurses (N = 32) is 37.1 ± 1.4; and the outreach workers/peer educators is 34.4 ± 7.5. The proportion of females in the total sample is 30%; among the programme manages/counsellors, medical officers/nurses and outreach workers/peer educators the proportion of women is 34%, 66% and 10% respectively. Among the outreach workers/peer educators, 32% had collegiate level

education. All categories of persons interviewed for this assessment have worked for sufficient duration in their jobs with an average of about 32-38 months.

Table 5: Comparison of Outreach workers and Peer educators for demographics

Demographic characteristics	Outreach Workers N = 36		Peer educators N = 32		P Value
	Number	% or Mean ± SD	Number	% or Mean ± SD	
Age (in years)	-	33.9 ± 6.7	-	34.9 ± 8.2	NS
Gender					
Males	32	88.9%	29	90.6%	NS
Females	4	11.1%	3	9.4%	
Education					
Elementary	-	-	4	12.5%	0.002***
Middle	4	11.1%	10	31.3%	
Higher Sec	13	36.1%	15	46.9%	
Undergraduate	13	36.1%	3	9.4%	
Postgraduate	6	16.7%	-	-	
Duration in job (in months)	-	33.3 ± 25.8	-	31.8 ± 18.8	NS

***** Statistically Significant**

Comparison of outreach workers (N =36) and peer educators (N =32) show that there is no statistically significant difference between them in age and duration in job. Moreover the gender distribution is the similar in both groups. In educational status, 44% of peer educators have middle or elementary levels of education compared with 11% among outreach workers and this difference is statistically significant (P = 0.002).

4.2.2. Details related to harm reduction training

Table 6: Details related to harm reduction training of all respondents and by category of employment at the targeted intervention

Details related to harm reduction training	Total Sample N = 135		Programme Managers & Counsellors N = 35		Medical Officers & Nurses N = 32		Outreach Workers & Peer educators N = 68	
	Number	%	Number	%	Number	%	Number	%
Type of HR training received								
Induction	33	24.4%	9	25.7%	4	12.5%	20	29.4%
Refresher	5	3.7%	3	8.6%	1	3.1%	1	1.5%
OST	3	2.2%	-	-	2	6.2%	1	1.5%
Combination	94	69.6%	23	65.7%	25	78.1%	46	67.6%
Training module provided								
Yes	113	83.7%	30	85.7%	30	93.8%	53	77.9%
No	22	16.3%	5	14.3%	2	6.2%	15	22.1%

Many of the respondents (70%) have received combination of trainings. In the categories of programme manages/counsellors, medical officers/nurses and outreach workers/peer educators the proportion of those who received combination training is 66%, 78% and 68% respectively. Most of the participants (84%) have been provided with the training module and the proportion is 94% among doctors/nurses, 86% among programme managers/counsellors and 78% among outreach workers/peer educators.

Table 7: Comparison of Outreach workers and Peer educators for details related to harm reduction training

Details related to harm reduction training	Outreach workers N = 36		Peer educators N = 32	
	Number	%	Number	%
Type of HR training received				
Induction	10	27.8%	10	31.3%
Refresher	0	-	1	3.1%
OST	1	2.8%	-	-
Combination	25	69.4%	21	65.5%
Training module provided				
Yes	31	86.1%	22	68.8%
No	5	13.9%	10	31.3%

Comparison of outreach workers and peer educators reveal that a third or more of both groups have received the combination trainings. Whereas 86% of outreach workers have been provided with the training module, 69% of peer educators have received the training module.

4.2.3. Participants reaction to harm reduction training programme

Table 8: Participants' reaction to harm reduction training of all respondents and by category of employment at the targeted intervention

Participants' reaction to harm reduction training	Total Sample N = 135		Programme Managers & Counsellors N = 35		Medical Officers & Nurses N = 32		Outreach Workers & Peer educators N = 68	
	Number	%	Number	%	Number	%	Number	%
Overall content Very good-Excellent	93	68.9%	26	74.3%	19	59.4%	48	70.6%
Good	41	30.4%	9	25.7%	13	40.6%	19	27.9%
Fair-Poor	1	0.7%	-	-	-	-	1	1.5%
Quality of PPTs Very good-Excellent	83	61.5%	25	71.4%	19	59.4%	39	57.4%
Good	47	34.8%	10	28.6%	12	37.5%	25	36.8%
Fair-Poor	5	3.7%	-	-	1	3.1%	4	5.9%
Quality of presentation Very good-Excellent	72	53.3%	21	60%	15	46.9%	36	52.9%
Good	57	42.2%	12	34.3%	15	46.9%	30	44.1%
Fair-Poor	6	4.4%	2	5.7%	2	6.2%	2	3%
Quality of group activity Very good-Excellent	84	62.2%	22	62.9%	15	46.9%	47	69.1%
Good	44	32.6%	10	28.6%	15	46.9%	19	27.9%

Fair-Poor	7	5.1%	3	8.6%	2	6.2%	2	2.9%
Facilitation of activities								
Very good-Excellent	80	59.3%	21	60%	18	56.2%	41	60.3%
Good	44	32.6%	8	22.9%	12	37.5%	24	35.3%
Fair-Poor	11	8.1%	6	17.1%	2	6.2%	2	2.9%
Effective presentation								
Role play	9	6.7%	1	2.9%	2	6.2%	6	8%
Lecture	14	10.4%	1	2.9%	7	21.9%	6	8%
Group Activity	18	13.3%	3	8.6%	4	12.5%	11	16.2%
Combination	94	69.6%	30	85.7%	19	59.4%	45	66.2%
Quality of training manuals								
Very good-Excellent	72	53.3%	23	65.7%	17	53.1%	32	47.1%
Good	52	38.5%	9	25.7%	14	43.8%	29	42.6%
Fair-Poor	11	8.1%	3	8.6%	1	3.1%	7	10.3%

In the total sample as well as among the various categories by employment, majority (>50%) of the participants' reaction to the overall content, quality of power point slides, quality of presentation, quality of the group activities and facilitation of activities by the trainers is rated as very good or excellent. Seventy percent of the respondents opine that effective presentation is a combination of role play, lecture and group activity. The proportion of persons rating the quality of the training modules as very good or excellent among various categories is as follows:

all respondents (53%); programme manages/counsellors (66%); medical officers/nurses (53%); and outreach workers/peer educators (47%).

Table 9: Participants' reaction to harm reduction training of outreach workers and peer educators

Participants' reaction to harm reduction training	Outreach workers N = 36		Peer educators N = 32	
	Number	%	Number	%
Overall content				
Very good-Excellent	24	66.7%	24	75%
Good	11	30.6%	8	25%
Fair-Poor	1	2.8%	-	-
Quality of PPTs				
Very good-Excellent	23	63.9%	16	50%
Good	12	33.3%	13	40.6%
Fair-Poor	1	2.8%	3	9.4%
Quality of presentation				
Very good-Excellent	18	50%	18	56.3%
Good	17	47.2%	13	40.6%
Fair-Poor	1	2.8%	1	3.1%
Quality of group activity				
Very good-Excellent	24	66.7%	23	71.9%
Good	10	27.8%	9	28.1%
Fair-Poor	2	5.6%	-	-
Facilitation of activities				
Very good-Excellent	21	58.3%	20	62.5%
Good	13	36.1%	11	34.4%
Fair-Poor	2	5.6%	1	3.1%

Effective presentation				
Role play	2	5.6%	4	12.5%
Lecture	2	5.6%	4	12.5%
Group Activity	5	13.9%	6	18.8%
Combination	27	75%	18	56.3%
Quality of training manuals				
Very good-Excellent	19	52.8%	13	40.6%
Good	15	41.7%	14	43.8%
Fair-Poor	2	5.6%	5	15.6%

Comparison of outreach workers and peer educators do not show statistically significant difference between the participants' reaction to the harm reduction training process and the quality of the training module.

4.2.3.1. Qualitative data related to participants' reaction to the harm reduction training

In-depth interviews related to participants' reaction to the harm reduction training reveal that many participants were satisfied with the content, presentation and activities at the training programme as well as the capacity of resource persons.

"We have got this extra energy to work …like they say feeling of refreshment through the training. The way they trained has had a lot of effect on me and on my work."

Programme manager, UP TI

"Overall the training was very interesting and refreshing for me. The contents were nicely packed, the way the topics are explained are simple and easy to understand. I am very satisfied with the materials and the way it was presented during the training."

Peer educator, Mizoram TI

"I have got excellent knowledge from the harm reduction training; overall content, power point presentation, group activities and activities of the trainer are all excellent."

Outreach worker, Manipur TI

"The resource person made it very interesting by sharing his own experience. They also highlight current scenario of the issue, which is very helpful. The methodologies that were used during the training was also very interesting, it is a new learning experience for me."

Programme manager, Nagaland TI

"I am new to the field of drug use and the training has helped me in many ways in my work. The lectures were very informative. Group works and role play also helped me a lot in understanding various situations. Everything was new to me so I feel a have gained a huge amount of knowledge."

Outreach worker, Mizoram TI

Some of the participants also indicated that the training programme and the capacity of the resource persons could be improved significantly. Some were critical of the quality of the training and the timing allotted to sessions.

"Training was good but there is possibility of improvement. Slide presentation should be in Hindi and the Training hall space is very small."

Peer Educator, MP

"Many of the resource persons for the trainings were not up to the mark - it seemed these people did not have any experience about IDUs. They just trained us with the help of Power Point presentations and, whenever any of us asked them some critical questions, they used bombastic terms or something that they had come across on the web, which I felt were not relevant in Indian context. Of course, there were a few resource persons who were highly experienced as well as knowledgeable and dealt with all our queries in highly satisfying manner. Another thing I want to add is that most of the sessions were conducted in a hurried manner and, when some of us objected to it, we were told that there was not enough time. I shall categorically state that I learnt a lot of important things not through those trainings but through reading the manuals and interacting in-depth with experienced people whenever I met them."

Programme manager, Odisha TI

"The information provided is theoretical and is less useful in implementation. The facilitators providing/facilitating the training need to look into (this). The quality of the training as compared with few other training is not practical."

Programme manager, Manipur TI

"I have gained more knowledge from the first training I attended. But in the second training it was a bit disorganized as there were no time-keeping and resource persons do not turn up and we keep on waiting for the session. And most of the resource persons were from the technical side, with no experience or knowledge about the grassroots experience."

Peer educator, Manipur TI

"Though the training was overall good I must say that while having group activities due to the small space and unavailability of large desks we could not discuss well amongst ourselves. And apart from what the trainers lecture we do not have time to share our experiences at our respective sites."

Outreach worker, Mizoram TI

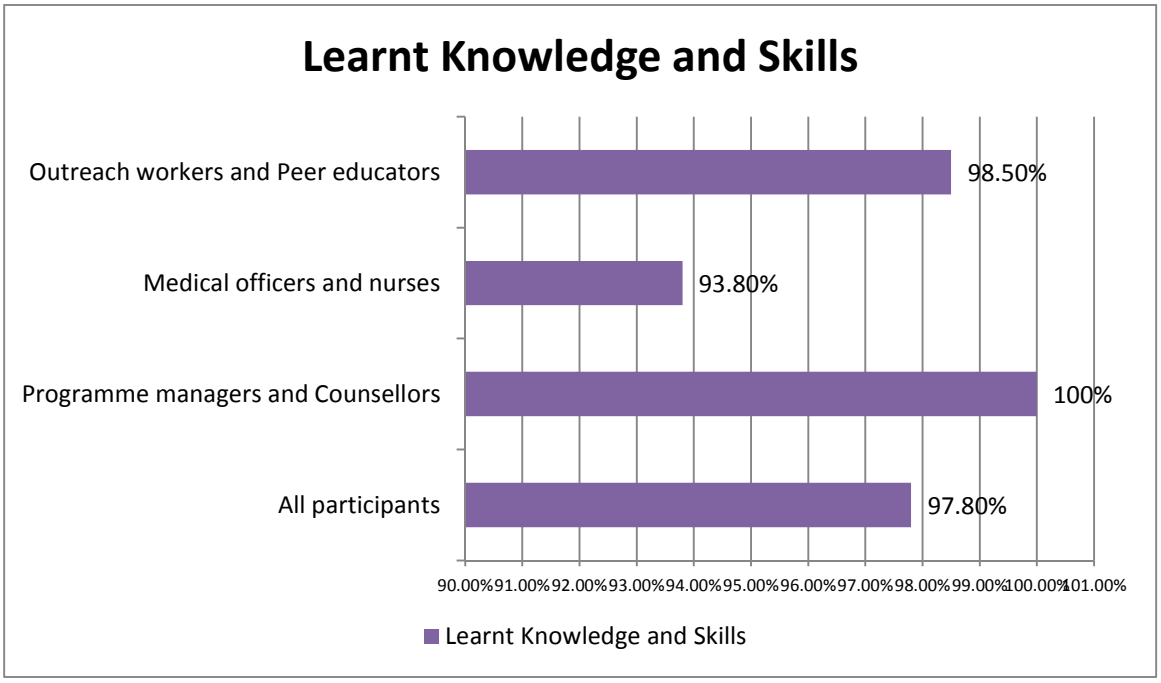
"But in some case training time is not sufficient - topic session is long and time period is short. We need more explanation. I think we need more group work and case studies."

Nurse, Manipur TI

4.2.4. Learning as a result of harm reduction training programme

4.2.4.1. All participants

Figure 12: Participants learning as a result of the training programme



There is significant learning subsequent to the harm reduction training programme. Ninety eight percent of all participants, 100% programme/managers, 94% of doctors/nurses and 99% of outreach workers/peer educators express that they have learnt knowledge and skills during the harm reduction programme.

4.2.4.2. Outreach Workers and Peer Educators

Table 10: Learning related to drug use and harm reduction concept

Learnt a lot related to drug use/harm reduction	N = 68	%
Understanding drug use	44	64.7%
Woman and drug use	29	42.6%
Female sex partners and reaching out to them	24	35.3%
Harm reduction	52	76.5%
Understanding IDU community and their vulnerabilities	47	69.1%

Amongst the outreach workers and peer educators, more than two-thirds of them have learnt a lot in the training in the area of harm reduction (77%) and understanding IDU community and their vulnerabilities (69%). The learning in understanding drug use is 65% whereas in women and drug use and female sex partners and reaching out to them the proportion is 43% and 35% respectively.

Table 11: Learning related to peer education and outreach

Learnt a lot related to peer education and outreach	N = 68	%
Peer education	44	64.7%
Outreach - Principles and Components	47	69.1%
Planning and Conducting Outreach	49	72.1%
Effective Communication	46	67.6%
Tools for Effective Outreach	44	64.7%

More than two thirds of outreach workers/peer educators opine that they learnt a lot in outreach and peer education as reflected in the sessions on peer education (65%), outreach - principles and components (69%), planning and conducting outreach (72%), effective communication (68%) and tools for effective outreach (65%).

Table 12: Learning related to key activities targeting IDUs

Learnt a lot related to key activities	N = 68	%

Needle syringe programme	57	83.8%
Waste disposal	50	73.5%
Safer injecting practices	55	80.9%
Abscess prevention and management	47	69.1%
Overdose prevention and management	49	72.1%
Safer sex practices	50	73.5%
Opioid substitution therapy	37	54.4%
ART and motivating for service	36	52.9%
Co-morbidities (Hepatitis C, TB etc.,)	22	32.4%

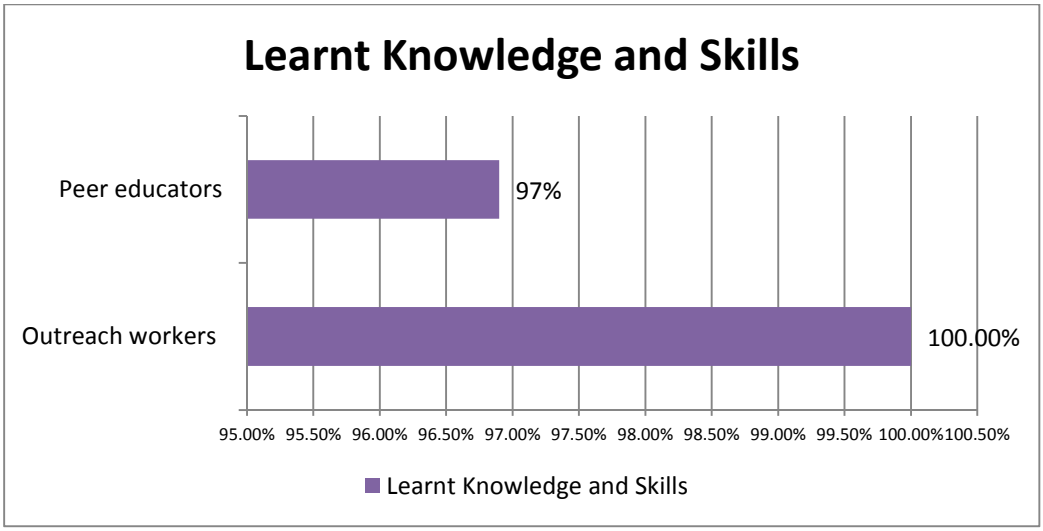
The outreach workers and peer educators have learnt a lot (more than two-thirds) in the following areas: needle syringe programme (84%), waste disposal (74%), safer injecting practices (81%), abscess prevention and management (69%), overdose prevention and management (72%) and safer sex practices (74%). The learning is relatively less in the following areas: co-morbidities such as HCV, TB (32%), ART and motivating clients for ART (53%) and OST (54%).

Table 13: Learning related to programme and advocacy

Learnt a lot related to programme	**N = 68**	**%**
NACP and Targeted Interventions for IDUs	43 (63.2%)	43 (63.2%)
Drug Use, STI and HIV - The Inter-linkages and Implications	40 (58.8%)	40 (58.8%)
Networking, Referrals and Motivating for Referral Services	45	66.2%
Facilitating Community Mobilisation	39	57.4%
Advocacy with law enforcement	34	50%
Advocacy for referral	31	45.6%
Advocacy with wider community	27	39.7%

The learning related to networking, referrals and motivating for referral services is 66% whereas in other programmatic aspects the proportion of respondents stating that they learnt a lot during harm reduction training is: NACP and TI for IDUs (63%), drug use, STI and HIV - the inter-linkages and implications (59%), facilitating community mobilisation (57%). The learning related to advocacy and related issues are: advocacy with law enforcement (50%), advocacy for referral (46%), and advocacy with wider community (40%).

Figure 13: Participants learning as a result of the training programme for peer educators and outreach workers



Both outreach workers (100%) and peer educators (97%) have learnt a lot of knowledge and skills during the harm reduction programme.

Table 14: Comparison of outreach workers and peer educators for learning related to drug use and harm reduction concept

Learnt a lot related to drug use/harm reduction	Outreach workers N = 36	Peer educators N = 32
Understanding drug use	26 (72.2%)	18 (56.3%)
Woman and drug use	17 (47.2%)	12 (37.5%)
Female sex partners and reaching out to them	14 (38.9%)	10 (31.3%)
Harm reduction	30 (83.3%)	22 (68.8%)
Understanding IDU community and their vulnerabilities	27 (75%)	20 (62.5%)

Comparison of outreach workers and peer educators reveals that the learning pattern in the harm reduction training programme does not differ. In both groups, the learning is relatively less in the areas of women and drug use and female sex partners and reaching out to them.

Table 15: Comparison of outreach workers and peer educators for learning related to peer education and outreach

Learnt a lot related to peer education and outreach	Outreach	Peer educators

	workers N = 36	N = 32
Peer education	24 (66.7%)	20 (62.5%)
Outreach - Principles and Components	27 (75%)	20 (62.5%)
Planning and Conducting Outreach	28 (77.8%)	21 (65.6%)
Effective Communication	24 (66.7%)	22 (68.8%)
Tools for Effective Outreach	23 (63.9%)	21 (65.6%)

The learning of the two groups is similar and there is no statistically significant difference in the distribution of learning in various issues related to peer education and outreach among these two groups of outreach workers and peer educators.

Table 16: Comparison of outreach workers and peer educators for learning related to key activities targeting IDUs

Learnt a lot related to key activities	Outreach workers N = 36	Peer educators N = 32
Needle syringe programme	31 (86.1%)	26 (81.3%)
Waste disposal	27 (75%)	23 (71.9%)
Safer injecting practices	31 (86.1%)	24 (75%)
Abscess prevention and management	24 (66.7%)	23 (71.9%)
Overdose prevention and management	27 (75%)	22 (68.8%)
Safer sex practices	28 (77.8%)	22 (68.8%)
Opioid substitution therapy	21 (58.3%)	16 (50%)
ART and motivating for service	19 (52.88%)	17 (53.1%)
Co-morbidities (Hepatitis C, TB etc.,)	15 (41.7%)	7 (21.9%)

The learning related to various key activities targeting the IDUs is comparable in these two groups and there is no statistically significant difference in all activities. Whereas 42% of the outreach workers have learnt a lot during the harm reduction training on HCV and TB, only 22% of the peer educators have learnt a lot but this is not statistically significant.

Table 17: Comparison of outreach workers and peer educators for learning related to programme and advocacy

Learnt a lot related to programme	Outreach workers N = 36	Peer educators N = 32
NACP and Targeted Interventions for IDUs*	27 (75%)	16 (50%)
Drug Use, STI and HIV - The Inter-linkages and Implications	22 (61.1%)	18 (56.3%)
Networking, Referrals and Motivating for Referral Services	26 (72.2%)	19 (59.4%)
Facilitating Community Mobilisation	21 (58.3%)	18 (56.3%)
Advocacy with law enforcement	20 (55.6%)	14 (43.8%)
Advocacy for referral	21 (58.3%)	10 (31.3%)
Advocacy with wider community	17 (47.2%)	10 (31.3%)

* Statistically significant

The comparison of the outreach workers and peer educators for programmatic aspects reveal that that they are comparable except in the area of NACP and TI for IDUs. Three fourths of the outreach workers have learnt a lot about this area whereas a half of the peer educators have learnt a lot and this difference is statistically significant (P = 0.04). Both groups have learnt relatively less in advocacy related aspects and the findings are comparable.

4.2.4.2.1. Qualitative data related to learning of the outreach workers and peer educators

The outreach workers indicate the following as the most important three things learnt from the training: 1) outreach planning; 2) risk assessment; and, 3) overdose prevention and management. The peer educators mention the following as the most important three things learnt from the harm reduction training programme: 1) safer injecting; 2) waste disposal; and, 3) overdose prevention and management. The three most important strengths identified by the outreach workers and peer educators are: 1) exposure visit; 2) group work; and, 3) role play.

Many aspects related to harm reduction are learnt during the harm reduction training programme.

"We learnt how to communicate with the HRGs. We have learnt from the training about STI prevention, abscess & OD management and OST."

Outreach worker, Manipur TI

"I learnt about the advantages of OST and how to motivate the HRGs to attend the services."

Outreach worker, Nagaland TI

"Apart from all the new things I have learnt I must also say that skill building was very important, the way we speak, our actions and the way we deal with our clients. I am training myself in speaking more softly and clear since I am a very fast talker and I have also learned to listen to my clients."

Peer educator, Mizoram TI

"Now I can prevent someone from OD by giving naloxone instead of salt. I can teach where to inject in the body (safer injecting site in the body). I also know how to manage abscess and how to get free ART medicine at the hospital."

Peer educator, Assam TI

"The training helped in reducing harm, waste management and partner treatment of STI cases. However, the quality of STRC and the GF trainings are same and not much different."

Peer educator, Hyderabad TI

"For me it was very good, it's helped me a lot to develop my knowledge and skill and also able to learn from the other participants."

Peer educator, Nagaland TI

"Though I am an ex-injector there were some things related to injecting that I did not know about like vein management, which I learnt through those trainings. In fact, I wish I knew about vein management during my own injecting days as quite a few of my veins do not function. These trainings have allowed me to be aware of myths & misconceptions related to NSEP, OST etc. Hence I can provide better services to our clients."

Outreach worker, Odisha TI

"The topic on Outreach Planning was very useful to me. Many times I have made monthly plans but I did not realize the specific points to consider and now I feel more confident and also realize that my outreach programs are more fruitful and meaningful."

Outreach worker, Mizoram TI

"Now I know the necessity as well as importance of documentation of activities. I do not require any help from my ORW to fill-up the forms."

Peer educator, Odisha TI

"After attending the training program I am able to write work reports, documentation has improved."

Peer educator, Maharashtra TI

4.2.4.2. Program Managers and Counsellors

Table 18: Learning related to understanding drug use and harm reduction concept

Learnt a lot related to drug use/harm reduction	N	%
Understanding drug use	23	65.7%
Understanding IDU community and their vulnerabilities	25	71.4%
Harm reduction	28	80%
Female sex partners of IDUs and Female injecting drug users	11	31.4%

Among the programme managers/counsellors, many have learnt a lot in harm reduction (80%), understanding IDU community and their vulnerabilities (71%) and understanding drug use (71%). The learning is less in the area of female sex partners of IDUs and female injecting drug users (31%).

Table 19: Learning related to DIC and Advocacy

Learnt a lot related to DIC and advocacy	N	%
Drop–in Centre and its Management	27	77.1%
Referral & Networking	27	77.1%
Community Mobilisation	18	51.4%
Legal aspects Related to Drugs and Drug Use	14	40%
Advocacy	18	51.4%
Resource Mapping for Referral	21	60%
Establishing and maintaining referral networks	21	60%
Facilitating Community Mobilisation	15	42.9%
Developing Advocacy Strategies	15	42.9%
Advocacy to Facilitate Referral	16	45.7%
Advocacy with Community	20	57.1%
Monitoring and evaluation of Referral & Networking, Community Mobilisation & Advocacy	21	60%

More than a half of the programme managers and counsellors opine that they have learnt a lot in the following areas: drop–in Centre and its management (77%), referral & Networking (77%), resource mapping for referral (60%), establishing and maintaining referral networks (60%), monitoring and evaluation of referral & networking, community mobilisation & advocacy (60%),

advocacy with community (57%), advocacy (51%) and community mobilisation (51%). The learning is less in the following aspects: advocacy to Facilitate Referral (46%), developing advocacy strategies (43%), facilitating community mobilisation (43%) and legal aspects related to drugs and drug use (40%).

Table 20: Learning related to key activities for IDUs

Learnt a lot related to key activities	N	%
Outreach and related management issues	22	62.9%
Needle Syringe Programme	26	74.3%
Waste disposal	23	65.7%
Condom programming	23	65.7%
Clinical issues: abscess, STI, overdose and detoxification	22	62.9%
Understanding and Educating Clients on ART, Hepatitis C, TB, OI and Other Co-Morbidities	16	45.7%
Opioid Substitution Therapy (OST)	22	62.9%

The learning by programme managers and counsellors in the following areas is as follows: needle syringe programme (74%), waste disposal (66%), condom programming (66%), outreach and related management issues (63%), clinical issues such as abscess, STI, overdose, detoxification (63%) and opioid substitution therapy (63%). Only in understanding and educating clients on ART, Hepatitis C, TB, OI and other co-morbidities, less than a half (46%) of respondents have learnt a lot.

Table 21: Learning related to programme management

Learnt a lot related to programme	N	%
Understanding the role of staff in TI including project managers	29	82.9%
Planning and Implementing Work Plan	25	71.4%
Monitoring and Evaluation	19	54.3%
Strategic Planning	14	40%
Documentation and Reporting	21	60%
Procurement	15	42.9%
Human Resource Management	18	51.4%
Financial Management	14	40%

Among the programme managers/counsellors, in the following areas more than a half opine that they have learnt a lot during the harm reduction programme: understanding the role of staff in TI including project managers (83%), planning and implementing work plan (71%), documentation and reporting (60%), monitoring and evaluation (54%) and human resource management (51%). Less than half of the participants express that they have learnt a lot in the following spheres: procurement (43%), strategic planning (40%) and financial management (40%).

4.2.4.2.1. Qualitative data related to the learning of programme managers and counsellors

The programme managers and counsellors have learnt a number of issues that are relevant for programme management subsequent to the harm reduction training programme.

"Learning about advocacy with local community people where DIC is situated was important to me as it helped to successfully run NSP at the DIC".

Programme manager, Assam TI

"Before attending training program I don't know about waste disposal and the TI staff didn't do the waste disposal in the right way. I learnt the right way of the waste management during the harm reduction training program and I took the responsibility and implemented the waste disposal management in TI."

Programme manager, Calicut TI

"As a result of the harm reduction training, I do strategy planning, prioritizing the IDU needs in harm reduction services. In general the training program helped me a lot and very useful. I am leading the team to carry the services to IDUs in right way."

Programme manager, Maharashtra TI

I can easily say my performance has improved immensely, as in the past, I did not know many things, which I learnt at these trainings and the knowledge that I gained has allowed me to improve the quality of my work.

Programme manager, Odisha TI

Some of the participants suggest ways to improve the training programme that may help enhanced learning by the participants.

"Training is conducted 2/3 times in a year and some staff are trained in the same topics repeatedly. Training needs assessment may be conducted on a regular basis to find out the gaps in training to improve the capacity of the TI staff."

Programme Manager, Nagaland TI

"I would like to say that though the modules and topics were very good but there wasn't enough group work and participation from trainees was limited. It would help if the materials were in the

local language. Some of the topics were not too relevant for our state, therefore it cannot be applied directly to us. It would be much helpful if it was more state specific and relevant."

Programme Manager, Mizoram TI

4.2.4.3. Medical Officers and Nurses

Table 22: Learning related to drug use and harm reduction principles

Learnt a lot related to drug use/harm reduction	N	%
Basics of Drugs	14	43.8%
Understanding Drug Related Harms and Injecting Drug Use	17	53.1%
Harm Reduction – Understanding the Principles	15	46.9%

Among the doctors and nurses, 53% have learnt a lot about understanding drug related harms and injecting drug use. The learning is less in harm reduction and understanding its principles (47%) and basics of drugs (44%).

Table 23: Learning related to clinical issues of IDUs

Learnt a lot related to clinical issues of IDUs	N	%
Assessment and Diagnosis	22	68.8%
Counselling for Safer Injecting Practices	16	50%
Drug Treatment: Detoxification	12	37.5%
Drug Treatment: Opioid Substitution Therapy	14	43.8%
Sexually Transmitted Infections: Basics	21	65.6%
Prevention of Sexually Transmitted Infections	20	62.5%
Management of Sexually Transmitted Infections	18	56.3%
Basics of HIV	18	56.3%
Prevention and Management of HIV: The Role of Doctors and Nurses	19	59.4%

Abscess Prevention and Management	23	71.9%
Overdose Prevention and Management	18	56.3%
Co-morbid Conditions among IDUs – Hepatitis & Tuberculosis	15	46.9%
Understanding Co-morbidities/Mental Health	13	40.6%
Networking and Referral Services	15	46.9%
Advocacy	5	15.6%

Two thirds or more of doctors and nurses express that they have learnt a lot in the following three areas: abscess prevention and management (72%), assessment and diagnosis (69%) and STI basics (66%). More than a half of the respondents opined that they learnt a lot in the following: prevention of STIs (63%), role of clinical staff in prevention and management of HIV (59%), basics of HIV (57%), management of STIs (57%) and overdose prevention and management (57%). A half or less of the doctors/nurses have learnt a lot in the areas of counselling for safer injecting practices (50%), HCV & TB (47%), networking and referral services (47%), OST (44%), mental health (41%), detoxification (38%) and advocacy (16%).

Table 24: Learning related to comorbid illnesses

Learnt a lot related to comorbid illnesses	**N**	**%**
Co-morbidities among IDUs (Overview)	10	31.3%
Mental Health and Mental Illness (Psychiatric Disorder)	8	25%
Mental Illnesses (Psychiatric Disorders) – Clinical Assessment	10	31.3%
Mental Illnesses (Psychiatric Disorders) – Signs and Symptoms	9	28.1%
Depression and Drug use	11	34.4%
Anxiety Disorder and Drug use	7	21.9%
Psychotic disorders and Drug use	9	28.1%

Personality Disorder and Drug use	11	34.4%
Other Psychiatric Disorders and Drug use	7	21.9%
Infective Hepatitis: Hepatitis C & B	13	40.6%
Understanding and Educating the Client on TB	17	53.1%
Other Physical Conditions (Anaemia and Nutrition)	9	28.1%
Other Common Physical Symptoms (Constipation, Pain and Poor Oral Health)	11	34.4%
Alcohol Use Disorder	17	53.1%
Benzodiazepine Use Disorder	8	25%
Opioid Withdrawals	19	59.4%
Networking Referral and Linkages	15	46.9%

More than a half of doctors and nurses opine that they have learnt a lot in the following areas: Opioid withdrawals (59%), alcohol use disorder (53%) and understanding and educating client on TB (53%). In other areas less than half of the respondents have learnt a lot: networking referral and linkages (47%), hepatitis C & B (41%), common physical symptoms (34%), depression and drug use (34%), personality disorder and drug use (34%), overview of comorbidity (31%), assessment of mental health (31%), anaemia and nutrition (28%), signs and symptoms of psychiatric disorders (28%), psychotic disorders and drug use (28%), benzodiazepine use disorder (25%), mental health and illness (25%), anxiety disorder and drug use (22%) and other psychiatric disorders and drug use (22%).

Table 25: Learning related to IDU programme

Learnt a lot related to programme	**N**	**%**
National AIDS Control Programme	16	50%
Targeted Intervention for Injecting Drug Users	14	43.8%
Roles and Responsibilities of Doctors and Nurses in IDU TI Programs	25	78.1%

The doctors/nurses have learnt a lot in the session roles and responsibilities of doctors and nurses in IDU TI programs (78%) whereas the learning is relatively less in the following areas: NACP (50%) and TI for IDUs (44%),

4.2.4.3.1. Qualitative data related to learning by medical officers and nurses

In-depth interviews with the clinical staff show that they have learnt several aspects related to the clinical services for IDUs.

"I learnt about STI management, safer injecting practice, tools of counselling, condom demonstration, abscess management , waste disposal, effective communication, reporting and documentation."

Nurse, Madhya Pradesh TI

"I've learned what is disinfection, how to do it and final disposal mechanism during the training program. The TI has identified private agency for final disposal recently and before final disposal she does the disinfection at clinic."

Nurse, Kerala TI

"I have also learnt about OD and how to motivate the clients during counselling to prevent and manage OD. Before this training I have no idea that there is co-morbid condition - both physical and psychological disorder".

Nurse, Nagaland TI

Overall the training program was very educative and refreshing. It has given me greater vision in looking at my work amongst IDUs. Most of all it has greatly increased my knowledge in Harm Reduction.

Nurse, Mizoram TI

"I have had an awakening in the importance of advocacy. I must say that I have also learned new skills in planning advocacy programs."

Medical officer, Mizoram TI

"At those trainings I interacted a lot with the Resource Persons as well as my professional colleagues from other places, which helped me to learn many things. Moreover, I felt that my knowledge was streamlined and I, personally, got a lot of confidence as well as motivation."

Medical Officer, Odisha TI

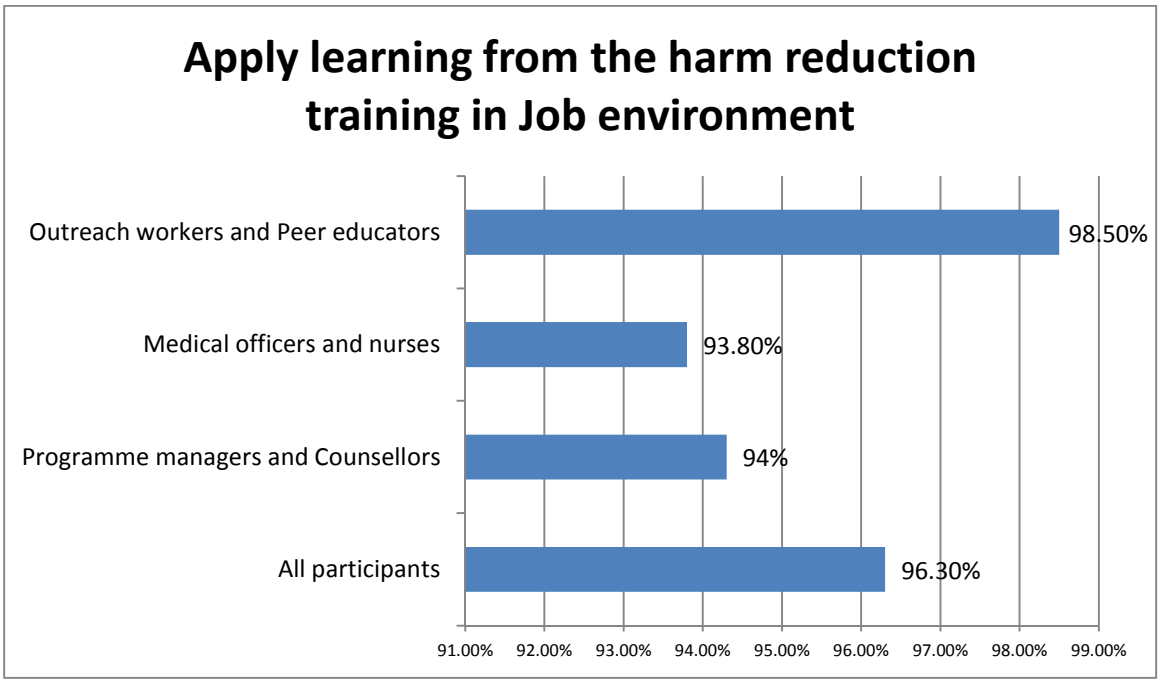
Some participants state that they haven't learnt anything new through the training programme.

"Since I have been working under the Project ORCHID TI for quite some time all these SACS TI training topics have been covered and it is not very new to me. So I did not learn any new things from this training."

Nurse, Manipur TI

4.2.5. Change in job performance due to harm reduction training

Figure 14: Change in job performance as a result of the training programme



Ninety six percent of the participants to the midterm assessment opine that they are able to apply what they learnt from the harm reduction training in their job environment. Among the categories of programme managers/counsellors, doctors/nurses and outreach workers/peer educators, the proportion who have applied learning from the harm reduction training are 94%, 94% and 99% respectively.

Table 26: Evaluation after the harm reduction training of all respondents and by category of employment at the targeted intervention

Evaluation after the training programme: Very Good - Outstanding	Total Sample N = 135		Programme Managers & Counsellors N = 35		Medical Officers & Nurses N = 32		Outreach Workers & Peer educators N = 68	
	Number	%	Number	%	Number	%	Number	%
Level of knowledge/skills related to the job	88	65.2%	25	71.4%	14	43.8%	49	72.1%
Confidence in solving problems and making decisions	89	65.9%	23	65.7%	18	56.3%	48	70.6%
Management of priorities	77	57%	24	68.6%	16	50%	37	54.4%
Overall effectiveness in your division	84	62.2%	25	71.4%	17	53.1%	42	61.8%
Utility in the work environment	87	64.4%	23	65.7%	20	62.5%	44	64.7%
Conducive work environment to apply skills/knowledge	76	56.3%	21	60%	14	43.8%	41	60.3%

Sixty-five percent of all respondents evaluate themselves as very good to excellent in level of knowledge/skills related to the job after the harm reduction training programme. The proportion of participants evaluating themselves as very good to excellent in the following areas are: confidence in solving problems and making decisions (66%); management of priorities (57%); overall effectiveness in their division (62%). Based on its utility in the work environment, the training programme is rated as very good to excellent by 64% of the participants. Fifty six of the

respondents opine that their work environment is conducive to apply the skills/knowledge learnt during the training programme. Among the various categories of service providers, majority (≥50%) have evaluated as 'very good to excellent' for questions on confidence in solving problems and making decisions, overall effectiveness in your division, utility in the work environment and management of priorities. In the area of conducive work environment to apply learnt skills/knowledge, only 44% of doctors and nurses rate as very good or excellent.

Table 27: Rating of effectiveness after the harm reduction training of all respondents and by category of employment at the targeted intervention

Rating effectiveness after the training programme:	Total Sample N = 135		Programme Managers & Counsellors N = 35		Medical Officers & Nurses N = 32		Outreach Workers & Peer educators N = 68	
Very Effective	Number	%	Number	%	Number	%	Number	%
New knowledge or skills	73	54.1%	22	62.9%	14	43.8%	37	54.4%
Updating or refining the knowledge or skills	67	49.6%	20	57.1%	12	37.5%	35	51.5%
Strategic approaches to address issues in work place	60	44.4%	15	42.9%	10	31.3%	35	51.5%

Fifty four percent of respondents, 63% of programme managers/counsellors, 44% of medical officers/nurses and 55% of outreach workers/peer educators rate that the training programme is very effective in providing with new knowledge or skills. The effectiveness of the training programme in updating or refining the knowledge or skills is rated as very effective by 50% of all participants; 57% of programme managers/counsellors; 38% of doctors/nurses; and 52% of outreach workers/peer educators. The training is very effective in providing with strategic approaches to address issues faced in work place in 44% of all respondents, 43% of programme managers/counsellors, 31% of medical officers/nurses and 52% of outreach workers/peer educators.

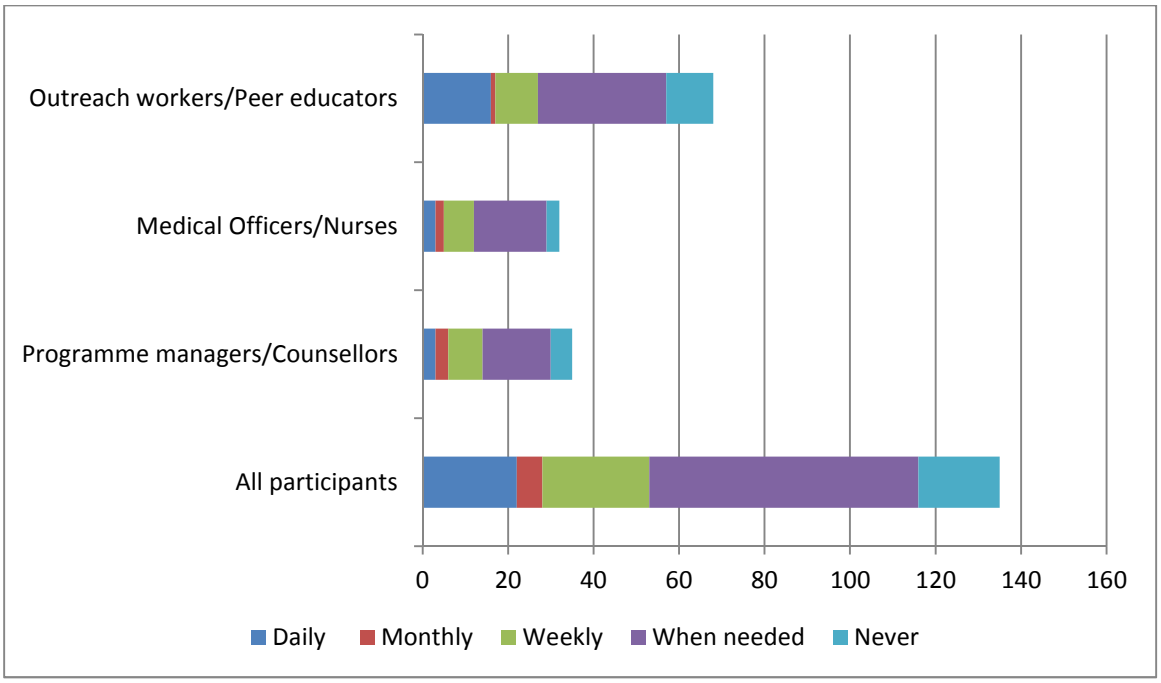
Table 28: Agreement on statements after the training programme of all respondents and by category of employment at the targeted intervention

Agreement of statements: Agree	Total Sample N = 135		Programme Managers & Counsellors N = 35		Medical Officers & Nurses N = 32		Outreach Workers & Peer educators N = 68	
	Number	%	Number	%	Number	%	Number	%
The quality of the work I do has improved	128	94.8%	33	94.3%	30	93.8%	65	95.6%
I make fewer mistakes at work	114	84.4%	30	85.7%	25	78.1%	59	86.8%
My self-confidence has increased	130	96.3%	34	97.1%	31	96.9%	65	95.6%
My motivation for working has improved	129	95.6%	35	100%	29	90.6%	65	95.6%
My workmates can learn from me	126	93.3%	35	100%	29	90.6%	62	91.2%

Most (95%) of all respondents, 95% of programme managers/counsellors, 94% of medical officers/nurses and 96% of outreach workers/peer educators agree that their quality of work has improved after the training programme. The statement "I make fewer mistakes at work" following the training is agreed by 84% of all participants, 86% of programme managers/counsellors, 78% of medical officers/nurses and 87% of outreach workers/peer educators. Following harm reduction training, self confidence increased among 96% of all participants, 97% of programme managers/counsellors, 97% of medical officers/nurses and 96% of outreach workers/peer educators. Most (96%) of all respondents, 100% of programme managers/counsellors, 91% of medical officers/nurses and 96% of outreach workers/peer educators agree that their motivation for working has improved after participation at the training programme. The statement "My workmates can learn from me" subsequent to the training programme is agreed by 93% of all

participants, 100% of programme managers/counsellors, 91% of medical officers/nurses and 91% of outreach workers/peer educators.

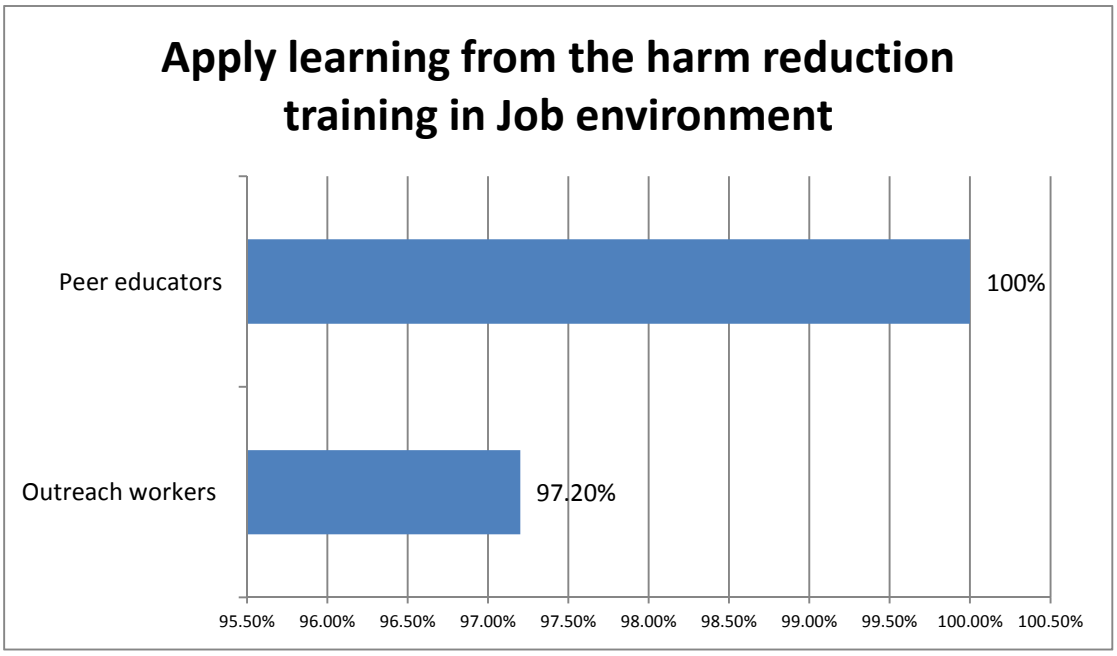
Figure 15: Frequency of use of training materials: all participants



Majority of all participants (N = 63, 47%), programme managers/counsellors (N = 16, 46%), doctors/nurses (N = 17, 53%) and outreach workers/peer educator (N = 30, 44%) use the training module only when needed.

4.2.5.1. Outreach workers and Peer educators

Figure 16: Change in job performance as a result of the training programme for peer educators and outreach workers



Comparison of outreach workers and peer educators indicate that 100% peer educators and 97% of outreach workers apply the learning from the training programme in their job environment.

Table 29: Evaluation after the harm reduction training of outreach workers and peer educators

Evaluation after the training programme: Very Good - Outstanding	Outreach workers N = 36		Peer educators N = 32	
	Number	%	Number	%
Level of knowledge/skills related to the job	25	69.4%	24	75%
Confidence in solving problems and making decisions	24	66.7%	24	75%
Management of priorities	21	58.3%	16	50%
Overall effectiveness in your division	21	58.3%	21	65.6%
Utility in the work environment*	19	52.8%	25	78.1%

Conducive work environment to apply skills/knowledge	20	55.6%	21	65.6%

* Statistically significant.

The outreach workers and peer educators evaluating as very good or excellent the knowledge/skills related to job, confidence in solving problems and making decisions, management of priorities and overall effectiveness in the division subsequent to the harm reduction training are comparable and there is no statistically significant difference. Similarly, both groups are comparable in having a conducive job environment to apply the skill and knowledge gained in the training. Seventy eight percent of peer educators based on its utility in the work environment rate the training programme as very good or excellent compared with 53% of outreach workers and this difference is statistically significant (P = 0.02).

Table 30: Rating of effectiveness after the harm reduction training of outreach workers and peer educators

Rating effectiveness after the training programme: Very Effective	Outreach workers N = 36		Peer educators N = 32	
	Number	%	Number	%
New knowledge or skills	16	44.4%	21	65.6%
Updating or refining the knowledge or skills	15	41.7%	20	62.5%
Strategic approaches to address issues in work place	20	55.6%	15	46.9%

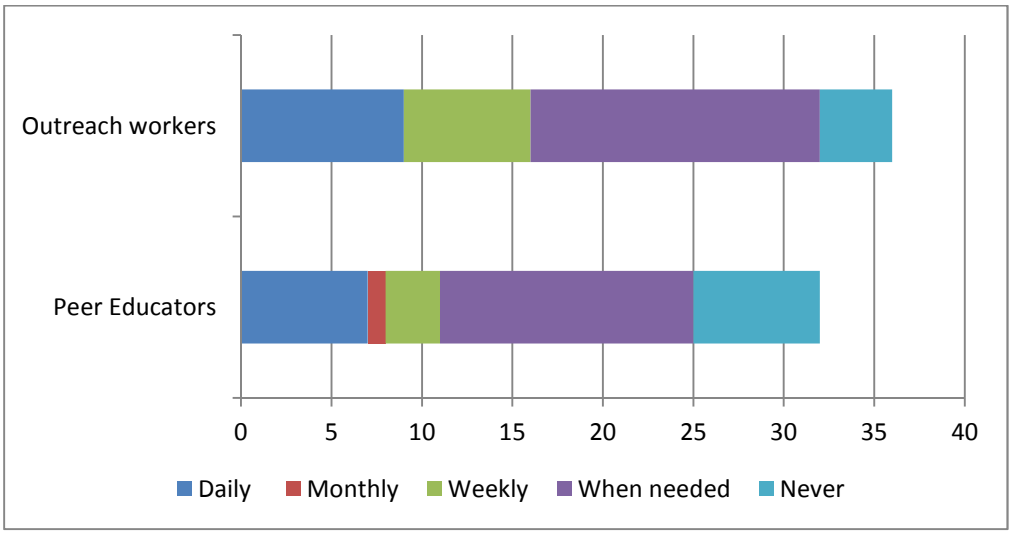
Both the groups rate the training programme as very effective in providing new knowledge or skills, updating or refining the knowledge or skills and strategic approaches to address issues in work place in a similar way.

Table 31: Agreement on statements after the training programme of outreach workers and peer educators

Agreement of statements: Agree	Outreach workers N = 36		Peer educators N = 32	
	Number	%	Number	%
The quality of the work I do has improved	34	94.4%	31	96.9%
I make fewer mistakes at work	32	88.9%	27	84.4%
My self-confidence has increased	34	94.4%	31	96.9%
My motivation for working has improved	35	97.2%	30	93.8%
My workmates can learn from me	34	94.4%	28	87.5%

There is comparable agreement by both groups for the following statements: 'the quality of the work I do has improved'; 'I make fewer mistakes at work'; 'My self-confidence has increased'; 'My motivation for working has improved'; and, 'My workmates can learn from me'.

Figure 17: Frequency of use of training materials: peer educators and outreach workers



Forty four percent of outreach workers and peer educators use the training module only when required.

4.2.5.2. Qualitative data related to change in job performance due to harm reduction training

Usefulness of training materials

Many participants believe that the training materials are very useful as reference guides which they utilise whenever needed.

"Whenever I have doubt in clinical services, I go through the training material and get clarity. Normally the ORWs have doubt in clinical services and they come and approach me and to clarify their doubts I use the training material and make them to understand the clinical services for IDUs. In addition the TI project conduct orientation program for new recruitment staffs. I play a trainer role and use the training material for conducting training program."

Nurse, Kerala TI

"After the training I can motivate client for ICTC and ART adherence. When I have confusion or doubt, I use training materials as a reference guide."

Nurse, Nagaland TI

Whenever any doubt and misunderstanding arises within the team we use this (training) material. And the event of conducting an in-house training program, I refer this module for session planning.

Programme manager, Manipur TI

"The material is referred whenever I prepare outreach tools and risk assessment. I use the material also for peer educators' orientation."

Outreach worker, Hyderabad TI

"Because of old age I forget. So repeatedly I have to refresh my knowledge. Today I have been taught something, I will forget soon, so the material helps."

Medical officer, Delhi TI

"Since I cannot remember all that has been taught in the training I use to go back and search for the training materials to make serve that the work, which was done by me, is proper and refresh my knowledge skill."

Programme manager, Nagaland TI

Usefulness of training in day to day activities

Respondents find the training to be useful to improve their day to day work with the injecting drug users.

"Able to do risk assessment properly for syringe requirement by the clients."

Peer educator, Manipur TI

"The training has helped me much at the hotspot to sensitize the HRGs and also to make the work plan."

Outreach worker, Manipur TI

Many of the clients that come to the DIC already know about syringe exchange, OST, STI and so on but I have learnt that their knowledge is very limited. I have tried my best to impart education to these clients during counselling sessions and home visits. There are also certain issues that they don't talk much about, such as safe sex practice and condom use. During the training I have also developed skills in talking naturally about these topics to our clients which I feel is very helpful.

Outreach worker, Mizoram TI

"At these trainings we were asked to put-up resource maps at prominent places of our Drop-in-centres as these maps help our clients to become aware of the locations of many important places like ICTC, CCC, ART, other TIs, hospitals etc. My documentations skills too have improved immensely. I have also learnt a lot about Advocacy, which is extremely vital for us"

Programme manager, Odisha TI

"After the OST training, we found each one of IDUs, referred them to the OST centre and we do the follow up also."

Programme manager, Haryana TI

"Training helped in advocacy for other stakeholders like church leader and police."

Programme manager, Nagaland TI

"Regarding the programme management, there is improvement in documentation and outreach planning as well as running the programme as staff are detailed more clearer their roles & responsibility which is an important aspect for rendering the service smoothly."

Programme manager, Mizoram TI

Post training improvements

"Harm reduction training program helped me to understand drug use and drug users' behaviour exactly. Because of the training program I am able to provide safe injecting information to IDUs and also follow universal precaution in collecting the syringes and needles."

Peer educator, Kerala TI

"OD management session has helped me to save life of my friend"

Peer educator, Manipur TI

"Through OD management session I am able to help/save a client by recovery position while he was experiencing OD in the DIC".

Outreach worker, Assam TI

"Harm reduction training program helped me to provide right information to IDUs on Overdose. When an IDU gets released from jail, I educate him regarding overdose. Because IDUs are trying to use same quantity of drugs after release. I used to educate the IDUs and tell them to use less quantity of drugs."

Peer Educator, Maharashtra TI

"Some of the things that I have learnt in the training have helped in identifying the possible psychiatric disorders of the IDU client. Many of our clients do not talk much so I have started taking initiatives in getting to know them better and make them open up on many issues involved which in turn makes treating the client easier and solving their problems."

Nurse, Mizoram TI

"From the training I have more knowledge on issues like Hep-C and ART. It has also made me look further to deeper information on HIV and symptoms of OIs."

Nurse, Mizoram TI

Additional sessions that would be helpful in the training programme

Many participants offer useful suggestions that are beneficial to the TI staff in future training programmes.

"I have only heard about Hepatitis B & C, but know almost nothing about these things. I have heard that many of the IDUs from other places have been infected and it is very dangerous. As I am dealing with the IDUs at the grassroots level, I think I ought to be trained on Hep B & C. I also feel that I need to be trained on OST."

Peer educator, Odisha TI

"We have not got full information regarding OST. So we should get that information also and that should get added in the training."

Outreach worker, Delhi TI

"I think we need more training on organizing services for sexual partners of IDUs."

Outreach worker, Manipur TI

"Include IDUs and service provider in lesson planning and developing module. Include session topic on gender sensitive approach SRH and legal rights etc"

Programme manager, Manipur TI

"My suggestions are: 1.Legal aspect must be detailed in the training; 2. Exposure visit must be there; and 3. In refresher training the schedule must be revised and the session related to program and finance must be taken on 1st and 2nd day."

Programme manager, Chhattisgarh TI

"There is a gap in the training …communication skill, team building are very important for effective service delivery and they are missing."

Programme manager, Meghalaya TI

"In depth session for HCV, HBV prevention and management and the issues of spouses and children of IDUs"

Programme manager, Manipur TI

"Needed more: Advocacy and Communication skills especially for staff working in the field and rapport buildings etc. TNA (Training Need Assessment)'"

Programme manager, Nagaland TI

"Session on how to counsel to the parents and society (community) members and sessions such as how to do motivate the IDUs to i access health care service. Details about HCV/HBV co-infection with HIV among the IDUs. Nutrition among the IDUs. "

Medical officer, Assam TI

"Specific discussion on how to cover for the spouse/partner of IDUs need to be covered in the training as from the training I did not learn anything on this subject."

Medical officer, Assam TI

"The Harm Reduction training has helped me to deal with IDUs (HRGs) community in terms of providing good service like health care delivery. But unfortunately I did not receive any capacity building training to deal with the sexual partners or spouses of IDUs. So I need to have specific training on how to deal with the sexual partners of IDUs."

Nurse, Manipur TI

4.2.6. Impact due to harm reduction training

4.2.6.1. Outreach workers and peer educators

Table 32: Impact on IDUs and their sexual partners due to training received by outreach workers and peer educators

Positive impact on IDUs and their sexual partners	N = 68	%
Helped to reach out to the IDUs better	67	98.5%
Helped to reach out to the sexual partners of the IDUs better	38	55.9%
Helped to deliver harm reduction messages to the IDUs better	67	98.5%
Helped to deliver harm reduction messages to the sexual partners of IDUs better	39	57.4%
Helped to improve the quality of services to the IDUs better	66	97.1%
Helped to improve the quality of services to the sexual partners of IDUs better	38	55.9%

The training programme has a positive impact on the outreach workers and peer educators in the following activities related to IDUs: to reach out to the IDUs better (99%); to deliver harm reduction messages to the IDUs better (99%); and to improve the quality of services to the IDUs better (97%). On the other hand, the positive impact in the activities related to the sexual partners of IDUs are: to reach out to the sexual partners of the IDUs better (56%); to deliver harm reduction messages to the sexual partners of IDUs better (57%); and to improve the quality of services to the sexual partners of IDUs better (56%).

Table 33: Impact on IDUs and their sexual partners due to training received by category of outreach worker and peer educator

Positive impact on IDUs and their sexual partners	Outreach workers N = 36	Peer educators N = 32
Helped to reach out to the IDUs better	36 (100%)	31 (96.9%)
Helped to reach out to the sexual partners of the IDUs better	22 (61.1%)	15 (50%)
Helped to deliver harm reduction messages to the IDUs better	36 (100%)	31 (96.9%)
Helped to deliver harm reduction messages to the sexual partners of IDUs better	22 (61.1%)	17 (53.1%)
Helped to improve the quality of services to the IDUs better	35 (97.2%)	31 (96.9%)
Helped to improve the quality of services to the sexual partners of IDUs		

better	21 (58.3%)	17 (53.1%)

The impact of the harm reduction training programme on the services related to IDUs and their sexual partners are almost similar in the groups of outreach workers and peer educators.

4.2.6.1.1. Qualitative data related to impact due to harm reduction training among outreach workers and peer educators

The harm reduction training has a positive impact on delivering HIV prevention services for injecting drug users.

"Many HRGs get their treatment for abscess from DIC - the fear among HRGs is less after running program. There is decrease in needle syringe sharing among HRGs. Discussion on HIV/AIDS with community is easy and use of condom has increased."

Peer educator, Madhya Pradesh TI

"After the harm reduction training received by us, there is increased use of needles, syringes and condom by HRGs. And more IDUs come to the DIC for health care service."

Outreach worker, Manipur TI

"Training has helped to provide proper information on safer injecting among the HRGs"

Peer educator, Manipur TI

"Increased service uptake by the HRGs on HIV test, regular medical check-up, STI management etc."

Outreach worker, Nagaland TI

"I have talked to a few of my clients and they seem to share many interesting issues, some say they have started to share needles less than before, they also have new knowledge on the importance of sterilized syringes and needles. There are also few others who would like to enrol at OST and have decided to start a fresh life without drugs."

Outreach worker, Mizoram TI

"Now the training has helped more HRGs for ICTC as they are aware that it is a confidential. HRGs they now came to know that abscess can be treated. Able to provide proper information about where and how to get free ART from the govt. hospital."

Peer educator, Assam TI

The significant limitation in providing and delivering HIV prevention services targeting sexual partners of IDUS is highlighted by the outreach workers and peer educators.

"Spouse/sexual partners do not want to come forward because of limited services available at these male IDU-TI settings."

Outreach worker, Meghalaya TI

"Existing services mainly focus on male IDUs - it will be good if the existing project could provide suitable service for spouses of IDUs."

Peer educator, Manipur TI

"When I talked with a few sexual partners of IDUs they say that condom usage has increased and they also have better understanding of STIs."

Peer educator, Mizoram TI

4.2.6.2. Programme managers and Counsellors

Table 34: Impact on IDUs and their sexual partners due to training received by programme mangers and counsellors

Positive impact on IDUs and their sexual partners	N	%
Helped to counsel IDUs better	33	94.3%
Helped to counsel the sexual partners of the IDUs better	23	65.7%
Helped to organise harm reduction messages to the IDUs better	34	97.1%
Helped to organise harm reduction messages to the sexual partners of the IDUs better	23	65.7%
Helped to manage the IDUs better	32	91.4%
Helped to manage the sexual partners of the IDUs better	21	60%
Harm reduction training helped to improve the quality of services to the IDUs better	33	94.3%
Harm reduction training helped to improve the quality of services to the sexual partners of the IDUs better	20	57.1%
Harm reduction training helped to mobilize the community of IDUs better	32	91.4%
Harm reduction training helped to advocate for better referral linkages for IDUs	32	91.4%
Harm reduction training helped to advocate with the general community to work IDUs better	30	85.7%

The training programme has a positive impact on the programme managers and counsellors in the following activities related to IDUs: to counsel IDUs better (94%); to organise harm reduction messages to the IDUs better (97%); to manage the IDUs better (91%); to improve the quality of services to the IDUs better (94%); to mobilize the community of IDUs better (91%); to advocate for better referral linkages for IDUs (91%); and to advocate with the general community to work IDUs better (86%). The harm reduction training has a positive impact in the following activities related to the sexual partners of IDUs: to counsel the sexual partners of the IDUs better (66%); to organise harm reduction messages to the sexual partners of the IDUs better (66%); to manage the sexual partners of the IDUs better (60%); and, to improve the quality of services to the sexual partners of the IDUs better (57%).

4.2.6.2.1. Qualitative data related impact due to harm reduction training among programme managers and counsellors

The HIV prevention and counselling services for IDUs has improved post- training according to the in-depth interviews with counsellors and programme managers of TIs. The services for sexual partners is limited in view of the fact such services are non-existent in most places.

"There are strategies and skills learnt during training. After the training staff were confidant and gained knowledge of the program to deliver services to all IDUs who are in and outside the city of Shillong. For the organization, linkages with various services have improved, discrimination is not very much present these days, clients are changing their unsafe behaviours to safer behaviours and overall services are being provided at any time the clients require."

Programme manager, Meghalaya TI

"So far there is no program for the sexual partners of the IDUs in the TI program – so not much improvement can be made in this."

Programme manager, Manipur TI

"There is not much impact among the sexual partners of IDUs as there is very limited service options are available mean for them."

Programme manager, Nagaland TI

4.2.6.3. Medical officers and Nurses

Table 35: Impact on IDUs and their sexual partners due to training received by doctors and nurses

Positive impact on IDUs and their sexual partners	N	%
Harm reduction training helped to assess the clinical issues related to the IDUs better	32	100%
Harm reduction training helped to assess the clinical issues related to the sexual partners of the IDUs better	22	68.8%
Harm reduction training helped to deliver the clinical services related to the IDUs better	32	100%
Harm reduction training helped to deliver the clinical services related to the sexual partners of the IDUs better	20	62.5%
Harm reduction training helped to manage mental health of the IDUs better	27	84.4%
Harm reduction training helped to manage mental health of the sexual partners of the IDUs better	17	53.1%
Harm reduction training helped to manage co-morbidities of the IDUs better	31	96.9%
Harm reduction training helped to manage co-morbidities of the sexual partners of the IDUs better	19	59.4%
Harm reduction training helped to manage alcohol and other drug use disorder of the IDUs better	23	71.9%
Harm reduction training helped to improve the quality of services to the IDUs better	31	96.9%
Harm reduction training helped to improve the quality of services to the sexual partners of the IDUs better	19	59.4%

The harm reduction training programme has a positive impact on the doctors and nurses in the following activities related to IDUs: to assess the clinical issues related to the IDUs better (100%); to deliver the clinical services related to the IDUs better (100%); to manage mental health of the IDUs better (84%); to manage co-morbidities of the IDUs better (97%); to manage alcohol and other drug use disorder of the IDUs better (72%); and, to improve the quality of services to the IDUs better (97%). The harm reduction training has a positive impact in the following activities related to the sexual partners of IDUs: to assess the clinical issues related to the sexual partners of the IDUs better (69%); to deliver the clinical services related to the sexual partners of the IDUs better (63%); helped to manage mental health of the sexual partners of the

IDUs better (53%); to manage co-morbidities of the sexual partners of the IDUs better (59%); and, to improve the quality of services to the sexual partners of the IDUs better (59%).

4.2.6.3.1. Qualitative data related impact due to harm reduction training among programme managers and counsellors

Subsequent to the training there is a positive impact on the clinical services for injecting drug users as evidenced by the in-depth interviews with the clinical staff. On the other hand, the clinical services for the spouses and sexual partners of IDUs need to be strengthened significantly.

"The training has impacted positively on regular medical check up, STI treatment, abscess management, condom distribution and also NSEP etc."

Nurse, Nagaland TI

"The Harm Reduction training has helped me to deal with IDUs (HRGs) community in terms of providing good service like health care delivery. But unfortunately I did not receive any capacity building training to deal with the sexual partners or spouses of IDUs. So I need to have specific training on how to deal with the sexual partners of IDUs."

Nurse, Meghalaya TI

"Sexual partners are availing clinical services. One FIDU has STI and her sexual partner too - the project staff motivated her and partner to take treatment for STI."

Nurse, Maharashtra TI

Many a times I discussed this issue with other TI Staff, they said that the IDUs of this place do not want the TI Staff to meet their partners. When interacting with some client, I too noticed that he did not want any of us to meet his wife; in fact, our clients are very orthodox in this regard.

Nurse, Odisha TI

"Providing service among the spouses or sexual partners of IDUs is very much low, as they did not come to our DIC."

Nurse, Nagaland TI

5. DISCUSSION

The prime objective of the midterm assessment was to evaluate the levels of capacities, knowledge, attitude and practice related to harm reduction services among various service providers working in the IDU-TIs subsequent to the training programme(s) under the Project Hifazat. The baseline survey carried out before the initiation of trainings didn't provide relevant findings that could be used as indicators on which the midterm assessment findings could be compared for change in the levels of capacity following the training. Instead the study by UNODC ROSA on the "capacity building needs assessment in the context of IDU TIs in India" was utilised to serve as proxy indicators of baseline capacity of the IDU-TI staff. A multi-method strategy was employed for this assessment that helped to understand the impact of the harm reduction training in building the capacity of harm reduction workforce. The main component of the assessment was quantitative as well as qualitative information obtained by six field investigators with rich experience of having worked with the drug using populations through structured interviews with IDU-TI staff working across different regions of the country.

The project Hifazat has succeeded in mounting harm reduction training programmes (N=489) that has provided training to over 10,000 persons engaged with services for IDUs. Majority (63%) of the trainings have been organised by learning sites that trained a total 6856 persons. It is observed that so far 5983 peer educators, 1632 outreach workers, 585 counsellors, 563 programme managers, 648 nurses and 442 doctors have been trained under this Project. Analysis of the training reports by RTTCs for the OST clinic staff and TI clinic staff reveal that compared with pre-training there is a significant improvement in knowledge levels related to OST and other clinical issues related to IDUs. The participants at the STRC trainings are satisfied with the training methodology and the training module employed. Largely, the trainings organised at the learning sites are productive and participants have learnt core issues related to peer education, outreach and harm reduction services. In many learning sites the number of registered IDUs, those accessing services and receiving a variety of services has increased substantially following the implementation of harm reduction training workshops.

Most (87%) participants of the midterm assessment have higher secondary level or more of education and hence they could articulate their viewpoints well. The mean duration in the job at respective IDU-TI was 34 months and hence they could easily comment on the impact of the harm training on their job performance. Additionally, 70% have received a combination of trainings and 84% have received the training module(s) enabling the participants to provide insights about the training content, methods and utility.

Overall, the respondents' reaction to the harm reduction programme is positive as majority of them have evaluated the content, quality of the power point slides, quality of presentation, group activity and facilitation of activities as excellent or very good. Additionally, majority of participants have also assessed the quality of the training materials to be excellent or very good. Although the qualitative interviews confirmed the positive reaction to the training, additionally it helps to understand the issues to be considered in future training sessions. Notably, the choice of the resource persons, their understanding related to field level activities, use of Hindi or local language in the training specifically for peer educators and the timing of the sessions should be reconsidered in future trainings.

The trainings have improved learning in knowledge and skills related to harm reduction in almost all (98%) participants. Among outreach workers and peer educators, learning is

adequate in understanding vulnerability of IDUs, issues related to peer education and outreach, core harm reduction activities for IDUs and networking for referrals services. The learning related to IDU vulnerability, harm reduction, DIC related activities, advocacy, key activities for IDUs and planning, implementing work plan amongst the programme managers and counsellors is satisfactory. In clinical services such as assessment and diagnosis, abscess prevention and management, HIV and STI related services, overdose prevention and management, the learning among the clinical staff is good. The areas in which the learning is less amongst the peer educators and outreach workers are: women drug use, female sexual partners of IDUs, co-morbidities and advocacy. Among the programme managers and counsellors, less learning is observed in female drug use, female sex partners, co-morbidities, procurement, strategic planning and financial management. The clinical team opine that they have learnt less in basics of drugs, principles of harm reduction, detoxification, OST, advocacy, co-morbid condition and networking & referral services. The current training programme content is sparse with gender issues and this may explain why learning has been less in this area. Many clinical staff members are yet to be trained using the comorbidity module and this explains why they haven't learnt much about co-morbid physical and psychological conditions. The findings related to the learning will be helpful to design the focus of future trainings targeting the IDU-TI staff.

Nearly all of the respondents (96%) are able to apply what they have learnt from the harm reduction training in their job environment. Majority of participants in the midterm assessment have evaluated the application of what they have learnt in their job as very good to excellent in the following: confidence in solving problems and making decisions, management of priorities, and overall effectiveness in their division. More than a half of the respondents rate the training programme as very effective in providing new knowledge and/or skills. Most of the participants agree that the quality of work has improved after the training programme. Many opine that the training materials are resourceful and serve as reference guides. In general, they use it whenever required; in the role of the trainers, they utilise the modules to impart knowledge/skills to their peers. The respondents find the training to be beneficial to improve their day to day work with the injecting drug users and significant post-training improvements have occurred. There are certain thematic areas in which noticeable changes have occurred that have positively influenced their regular work with IDUs. These include: effective communication with the HRGs, outreach planning, overdose prevention, better documentation and advocacy with various stakeholders.

The training programme has a positive impact on the outreach workers and peer educators in delivering HIV prevention services for IDUs. The impact is observable through increased access to HIV prevention services and improved quality of service among IDUs subsequent to harm reduction training. According to the interviews with counsellors and programme managers of TIs, the HIV prevention and counselling services for IDUs has improved considerably post-harm reduction training. Advocacy with the community, advocacy for referral and mobilisation of IDU community have enhanced following the training. The harm reduction training programme has a positive impact on the doctors and nurses in improving the access and delivery of clinical services for IDUs. While the impact on access and service utilisation by IDUs post-training for the TI staff has been optimal, the same is not true with impact on access and services for sexual partners of IDUs. The access and delivery of HIV prevention services, counselling and clinical services have been suboptimal for the spouses and female sexual partners of male IDUs. As outlined before, there is a need to strengthen training related to female sex partners in future harm reduction trainings.

The capacity building needs assessment study indicated that there was a need for development of appropriate training materials in the areas of OST, overdose management, community mobilisation, female IDUs/ female partners of male IDUs. The current training modules used in the training have adequately covered all the above mentioned topics except female IDUs/ female partners of male IDUs. One of the earlier criticisms was the use of general training module for all categories of persons engaged in harm reduction. In this Project, specific modules have been developed for various categories and they have been appropriately utilised in the training programmes. In addition thematic modules on advocacy and comorbidity have also been developed under this Project.

The diagnostic study conducted earlier to the implementation of Project Hifazat emphasised the importance of training all cadres of TI staff in harm reduction and accordingly the trainings by Project Hifazat have targeted all categories of TI staff namely programme managers, counsellors, medical officers, nurses, outreach workers and peer educators and in each category considerable number of persons have been trained. Though it is a challenge to organise training for peer educators given that many of them are current drug users, the learning sites have succeeded in implementing vast number of training programmes for about 6000 peer educators.

It was observed earlier that following the training, IDU-TI service providers were unable to translate the learning from the training programme to field practice. In the current midterm assessment it is observed that the knowledge and skills learnt during the harm reduction training is actually being applied effectively in job performance. The capacity related to overdose prevention and management was identified earlier as a gap at the IDU-TIs. Subsequent to the current training by Project Hifazat, it is evident that OD prevention/management has improved considerably. The qualitative data highlights how lives are being saved through effective field level implementation of overdose prevention and management. Another area that has been identified earlier as a gap that has shown improvement in the current midterm assessment is the capacity to deliver OST.

National AIDS Control Programme Phase IV (NACP IV) launched in February 2014 has defined its key objectives and plans to provide comprehensive care and support to all persons living with HIV/AIDS and treatment services for all those who require it (DAC, 2014). Service for female injecting drug use is identified as a key area and it is envisaged to establish female oriented IDU programme. Additionally, intervention strategy targeting spouses/female sexual partners of injecting drug users is planned with the objective of reaching out to this hidden population and delivering necessary HIV prevention services. In this phase IV, OST is proposed to be implemented through 350 centres spanning across 32 of states/ UTs to cover approximately 35,000 IDUs. NACP IV acknowledges the lead role of Project Hifazat in providing training to all OST clinic staff as well as to all IDU-TI staff through learning sites and RTTCs. Thus it is imperative that future trainings by Project Hifazat should necessarily aim to improve learning in these two key areas of gender/IDU issues and OST.

6. CONCLUSIONS AND RECOMMENDATIONS

The midterm assessment carried out has revealed that capacity inputs into building the knowledge and developing the skills related to harm reduction related issues has resulted in improved confidence and competence at the individual level for the harm reduction workforce in implementing better HIV prevention and treatment services for IDUs. A significant limitation is the lack of direct evidence to denote the improvement in capacity levels as the baseline assessment failed to provide such indicators to detect change. Despite this limitation, based on the proxy indicators identified through the capacity building needs assessment study and the qualitative interviews, it can be reasonably argued that the Project Hifazat's harm reduction training programmes have resulted in gains in knowledge/skills for the TI staff that has been applied in field level practice for the benefit of the drug using populations. Subsequent to the training, good success has been demonstrated in the following: core harm reduction services such as outreach, peer education, behaviour change communication, condom programming, needle syringe exchange programme, waste disposal, advocacy with law enforcement; referrals for ICTC; and, overdose prevention & management. The findings of the study also helped to recognize areas that can be further expanded and improved in future capacity building activities to enhance quality of care for IDUs and their sexual partners.

Recommendations

1. **Women drug use**: It appears that the current training programme is not adequately addressing the issue of women drug use and specifically, injecting drug use among them. Special efforts are required to reach out to the female injecting drug users who are most stigmatised and under-served. Currently less number of women outreach workers and peer educators are engaged in harm reduction. Women outreach workers & peer educators; sexual, reproductive, pregnancy, child care services; and, female condoms will assist in better services for FIDUs. Strategies to empower women such as interventions that provide economic opportunities for women and mental health interventions may have an important role in engaging women to participate effectively in HIV/AIDS control strategies. There is a need to include sessions focused on women drug use and FIDU in the existing training modules for all the categories of service providers. In OST training programmes, the relevance and importance of OST in pregnant and lactating (breast-feeding) women should be emphasised.

2. **Female sexual partners of male injecting drug users**: HIV prevention and treatment programs targeting IDUs should also include components directed at their spouses and regular sexual partners. It is necessary to design and implement interventions that address the barriers (e.g., relationship dynamics, power, condom norms) and ensure consistent condom use with their primary partners. Similar to women drug users, services for them should include sexual, reproductive, pregnancy, child care services; female condoms; mental health interventions and opportunities for economic improvement. Additionally as they are a hidden population, strategies to reach them should consider women outreach workers/peer educators. The training modules for each category of TI staff should include sessions on issues concerning HIV

prevention and treatment services for the regular sexual partners of IDUs. The focus should be to encourage early treatment for HIV infected individuals as this is an important evidence based strategy to reduce the sexual transmission of HIV amongst discordant couples. In NACP IV the eligibility for receiving ART has been revised from CD4 level of 350 to 500.

3. **Opioid substitution therapy**: India is expanding the scope for OST to opioid injectors and it forms an important core component of the comprehensive HIV prevention interventions. It is a central intervention amongst IDUs who inject opioids as it is a) proven HIV prevention intervention among uninfected persons; 2) in those who are already infected, by transiting people from injecting to non-injecting mode of administration, OST helps to prevent onward transmission of HIV from the infected pool; 3) it is an effective HIV treatment-adherence strategy as OST helps to stabilise the chaotic lifestyle of active drug users. 4) in a similar way, OST helps to improve adherence to other treatments that require compliance such as treatment for TB, treatment of HCV and treatment of long-term medical conditions such as diabetes, hypertension; and 5) it an excellent and effective drug treatment intervention helping enormously in the management of a chronic brain disorder such as opioid dependence. Given its importance, OST training should be scaled to train most people engaged directly or indirectly in harm reduction activities for IDUs. Apart from scale-up of specific OST trainings by RTTCs, OST should be focused in all training sessions for various categories of service providers as many request for additional information related to OST.

4. **Comorbidity of physical and psychological conditions**: Tuberculosis and hepatitis C are prevalent among IDUs, both infected and uninfected with HIV. The learning related to these two co-morbid conditions is low among the field workers who engage with the IDUs on a daily basis. Hepatitis C is a serious medical condition that combines widespread prevalence with widespread ignorance. Far too many opioid users in harm reduction interventions consume alcohol in a pathological pattern and this could have deleterious impact on health of persons infected with hepatitis C. The training sessions for all service providers should include adequate information on hepatitis C. A number of medical doctors and nurses are yet to be trained with the comorbidity module. Scaling up this training will ensure that the clinical team members are in a better position to understand the clinical issues surrounding the management of these co-morbid physical and mental disorders. Poly substance use is common among the recipients of harm reduction services and in particular a number of people misuse benzodiazepines, prescription drugs that are not difficult to procure in many settings. Future trainings for the clinical staff should also focus on recognition and treatment of other substance use/dependence among the beneficiaries of harm reduction services.

5. **Advocacy**: Whereas post-training many participants have improved advocacy skills with the law enforcement, skills related to advocacy with the general community that can create an enabling environment for smooth implementation of ham reduction activities as well as advocacy with other service providers for establishing an effective referral networks is still

inadequate. There is a need to improve the inputs related to these issues in future training sessions.

6. **Programme management**: The programme managers have opined that there is inadequate learning related to financial management, procurement and strategic planning. These thematic areas can be focussed in the future training sessions targeting the programme managers.

7. **Training for the clinical staff**: The capacity needs assessment study before the implementation of harm reduction training pointed out that majority of doctors and nurses working with IDU-TI haven't been trained. Project Hifazat managed to train considerable number of doctors (N = 442) and nurses (N = 648) but there is a need to further their knowledge and skills in advocacy, networking, co-morbid psychiatric disorders, substance use disorders and hepatitis C. The OST training is largely provided by a single RTTC, namely National Drug Dependence Treatment Centre, AIIMS. It is therefore necessary to institute training of trainers (TOT) programme to increase the number of OST trainers across the country.

8. **Training for the programme managers and counsellors:** The STRCs have been mainly involved in training the programme managers. As STRCs are currently not engaged as SRs, it is essential that this category of service providers are imparted training through other institutional structures. The future training programmes have to broaden knowledge and enhance skills related to programmatic issues and counselling for drug users & their sexual partners.

9. **Training for peer educators and outreach workers**: The main providers of training for this field harm reduction workforce are the learning sites. They have done commendable job in offering training for peer educators and outreach workers. Considering the fact that not all learning sites have OST co-located in their harm reduction services, it is necessary to include a trained OST resource person in all harm reduction trainings across the country.

10. **Training methods**: Even though majority of participants are satisfied with the overall content, quality of power point slides, quality of presentation, quality of the group activities and facilitation of activities by the trainers, the suggestions obtained in qualitative interviews are useful to redesign the training process and methods. First, it is necessary to choose resource persons who have practical experience of harm reduction in order to clarify the questions from the field and clinical staff. Second, wherever possible, in harm reduction training programmes, specifically targeting peer educators and outreach workers, it is desirable to use the local language. In most sites in North India, Hindi is the preferred language during the training. Third, the resource persons should be careful in maintaining the time schedule allotted to various sessions. Fourth, although the training is planned to be participatory in nature, often interactions with participants do not occur as the resource persons haven't encouraged discussion. It is important to emphasise that adult learning is possible only through participatory approach and

the harm reduction training cannot compromise on this core principle. Finally, in future harm reduction training programmes there is scope for flexibility as well as innovation in methodology.

7. REFERENCES

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Department of AIDS Control (DAC). National AIDS Control Programme Phase IV (2012-2017): Strategy Document. Ministry of Health & Family Welfare, Government of India, 2014. http://www.naco.gov.in/upload/NACP%20-%20IV/NACP-IV%20Strategy%20Document%20.pdf

8. ANNEXURE

8.1. Questionnaire for Peer Educators / Outreach Workers who have received training under Global Fund Round 9 HIV-IDU GRANT through Project HIFAZAT

ID number of participants

State _____ ☐ **TI Site**_____ ☐

Category: **1. Peer educators/outreach workers**

2. Project managers/counsellors ☐

3. Medical officers/Nurses

Participant ID ☐☐☐☐

ID No

Five digits: First two digits: State (1 to XX); Third and Fourth digit: (Serial number of respondents 01 to maximum of 99 in each of the States)

Name of Interviewer: _____

Result of interview (Please tick ✓ in the blank table)

Completed	Partially completed	Incomplete

Name of entering data: _____

Date: _____/_____/_____

Screening

Have you attended the harm reduction training through the Hifazat Project? (Please draw a cycle "○" on the right answer)

Y/N

If no, thank the respondent and terminate the interview

If yes, proceed with the consent and interview

Instructions

- Introduce yourself to the respondent
- Clearly describe the purpose of the interview
- Assure confidentiality
- Ask for consent

Thank you for taking the time to speak with me today.

My name is _____ and I am working as a researcher in this project "Mid-term Assessment Study on harm reduction trainings, conducted by the sub-recipients under Global Fund Round 9 HIV - IDU Grant, Hifazat Project".

Through this project, we hope to assess the impact of the harm reduction trainings conducted by the Hifazat Project. We are interviewing people who have received the harm reduction training(s) through the Hifazat project and will record the responses. This will help us to assess the impact of the harm reduction trainings provided.

We are not taking any names or addresses and I assure you that all of your responses will remain confidential. We will not look at individual answers but will analyze the data from various people across different targeted intervention sites in India as a group. You have the right to withhold any information that you do not want to divulge. In addition, you have the right to refuse participation at any stage of this interview.

If you agree to be interviewed, we would sincerely appreciate your cooperation. Thank you for giving us your time.

EMMANUEL HOSPITAL ASSOCIATION

CONSENT FORM: Questionnaire Administration

Lead Investigator:

Dr. M. Suresh Kumar MD DPM MPH +919840031559

Research team:

Chingsubam Bangkim (Manipur, Nagaland, Assam, Meghalaya)

Debashish Das (West Bengal and Odisha)

Ira Madan (Delhi, Haryana and UP)

Kongtea Kong (Mizoram)

Koshal Rathore (Chhattisgarh, Madhya Pradesh)

Shivakumar. K (Kerala, AP, Maharashtra)

Researchers' statement

We are asking you to be in a research assessment study. The purpose of this consent form is to give you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask questions about the purpose of the study, what we would ask you to do, the possible risks and benefits, and anything else about the study that is not clear. When we have answered all your questions, you can decide if you want to be in the study or not.

PURPOSE OF THE STUDY

The purpose of this study is to conduct a midterm impact assessment study to assess the change, if any in the existing levels of capacities, knowledge, attitude and practice related to harm reduction services among the various categories of service providers.

BENEFITS OF THE STUDY

There are no direct benefits to you for providing this information. However, your opinions and information will help inform Global Fund Round 9 HIV/IDU Grant Project HIFAZAT in addressing unmet needs for capacity building among harm reduction service providers.

STUDY PROCEDURES

If you agree to be in this study you will be invited to participate in an interview where you will be required to answer a questionnaire. These questions will be asked by a trained interviewer. An interview may take about 45-60 minutes. Your name will not be mentioned in any of our records or documents. You do not have to answer any question you do not want to.

RISKS, STRESS, OR DISCOMFORT

There are no physical risks to participating in this study. We will make every effort to keep your identity confidential.

ALTERNATIVES TO TAKING PART IN THIS STUDY

You do not have to be in this study if you do not want to. Your decision not to participate will not have any negative influence on you in anyway.

OTHER INFORMATION

All of the information you provide will be confidential. Only the researchers will see your answers and your responses will be kept confidential. We will keep the filled questionnaires in locked cabinets with no identifiers for 5 years, and there will be no way to link it back to you. You may refuse to participate or may withdraw from the study at any time without penalty or loss of benefits to which you are otherwise entitled.

Printed name of study staff obtaining consent Signature
Date

Participant's statement

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later about the research, I can ask one of the researchers listed above.

Printed name of Participant Designation Signature of Participant Date

Section A. SOCIO-DEMOGRAPHIC INFORMATION

A1. How old are you (age in years)	**Enter actual age** ☐☐
A2. Sex 1 Male 2 Female	☐
A3. Level of education 1 Elementary 2 Middle school 3 Higher Secondary school 4 College education –under graduation 5 College education –post graduation	☐
A4. Employment status 1 Outreach worker 2 Peer worker	☐
A5. Duration in job How long you are in this current job? (actual duration in months)	☐☐☐

Section B. DETAILS RELATED TO HARM REDUCTION TRAINING

B1. Training site (Enter site name) _____
B 2. Harm reduction training received 1 Induction training 2 Refresher training 3 Opioid substitution training 4 Combination, Specify combination ☐☐☐
B 3. Training modules provided (directly or through UNODC ROSA website) for the harm reduction training 1 Provided 2 Not provided ☐
B 4. Harm reduction training module used 1 STAYING SAFE: A Manual to train Peer Educators in IDU Interventions 2 STAYING SAFE: A Manual to train Outreach Workers in IDU Interventions 3 STAYING SAFE: A Manual to Train Staff in IDU Interventions on Advocacy, Community Mobilization and Referral Networking 4 Combination, Specify combination ☐☐☐

Section C. PARTICIPANTS' REACTION TO THE HARM REDUCTION TRAINING PROGRAMME

C 1. Please rate the quality of Overall Content of the Harm Reduction Training Program

1 Excellent

2 Very Good

3 Good

4 Fair

5 Poor

☐

C 2. Please rate the quality of PowerPoint Slides used in the Harm Reduction Training Program

1 Excellent

2 Very Good

3 Good

4 Fair

5 Poor

☐

C 3. Please rate the quality of Presentation of Material by Trainers at the Harm Reduction Training Program

1 Excellent

2 Very Good

3 Good

4 Fair

5 Poor

☐

C 4. Please rate the quality of Group activities done at the Harm Reduction Training Program

1 Excellent

2 Very Good

3 Good

4 Fair

5 Poor

☐

C 5. Please rate the Facilitation of Activities by Trainers at the Harm Reduction Training Program

1 Excellent

2 Very Good

3 Good

4 Fair

5 Poor

☐

C 6. What presentation styles were the most effective for you? (For example, case studies, role play, lecture and group activity?)

1 Case studies

2 Role Play

3 Lecture

4 Group activity

5 Combination

☐☐☐☐

C 7. Please rate the quality of the training manuals (modules) used for Harm Reduction Training Program

1 Excellent

2 Very Good

3 Good

☐

4 Fair 5 Poor
C 8. Could you please describe your reactions to the harm reduction training program received by you?

Section D. PARTICIPANTS' LEARNING AS A RESULT OF RECEIVING THE HARM REDUCTION TRAINING PROGRAM

D 1. Have you been able to learn knowledge and skills during the harm reduction training program?

1 Yes

2 No

3 Can't say / Don't know

☐

D 2. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Understanding drug use

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills

5 Not applicable

☐

D 3. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Woman and drug use

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills

5 Not applicable

☐

D 4. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Harm reduction

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 5. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Peer education

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 6. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Outreach - Principles and Components

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable
D 7. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training? ***Planning and Conducting Outreach*** 1 A lot of knowledge or skills 2 Some knowledge or skills 3 No change in knowledge or skills 4 Decline in knowledge or skills ☐ 5 Not applicable
D 8. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training? ***Effective Communication*** 1 A lot of knowledge or skills 2 Some knowledge or skills 3 No change in knowledge or skills 4 Decline in knowledge or skills ☐ 5 Not applicable
D 9. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training? ***Needle Syringe Programme*** 1 A lot of knowledge or skills 2 Some knowledge or skills 3 No change in knowledge or skills 4 Decline in knowledge or skills ☐

5 Not applicable

D 10. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Waste disposal

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 11. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Safer injecting practices

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 12. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Abscess prevention and management

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 13. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Overdose prevention and management

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 14. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Safer sex practices

1 A lot of knowledge or skills

2 Some knowledge or skills ☐

3 No change in knowledge or skills

4 Decline in knowledge or skills

5 Not applicable

D 15. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Opioid substitution therapy

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills

5 Not applicable

☐

D 16. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

ART and motivating for service

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills

5 Not applicable

☐

D 17. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Co-morbidities (Hepatitis C, TB etc.,)

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills

5 Not applicable

☐

D 18. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

NACP and Targeted Interventions for IDUs

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 18. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

NACP and Targeted Interventions for IDUs

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 19. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Understanding IDU community and their vulnerabilities

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 20. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Female sex partners and reaching out to them

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 21. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Drug Use, STI and HIV - The Inter-linkages and Implications

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 22. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Tools for Effective Outreach

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 23. Evaluating your knowledge / skills in the following topic related to harm

reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Networking, Referrals and Motivating for Referral Services

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 24. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Facilitating Community Mobilisation

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 25. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Advocacy with law enforcement

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 26. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Advocacy for referral

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 27. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Advocacy with wider community

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 28. What are the *three most important things* you learned as a result of the harm reduction training program?

A.

B.

C.

D 29. What are the *three greatest strengths* of this harm reduction training?

A.

B.

C.

D 30. Would you like to say anything else about how what you learned as a result of the harm reduction training?

Section E. PARTICIPANTS' CHANGE IN PERFORMANCE ON THEIR JOB DUE TO HARM REDUCTION TRAINING

E 1. Have you been able to apply anything you learnt from the harm reduction training in your Job environment? 1 Yes 2 No 3 Can't say / Don't know ☐
E 2. Evaluating yourself after the harm reduction training programme: ***Level of knowledge/skills related to the job*** 1 Outstanding 2 Very Good 3 Good 4 Fair5 Poor ☐
E 3. Evaluating yourself after the harm reduction training programme: ***Confidence in solving problems and making decisions*** 1 Outstanding 2 Very Good 3 Good 4 Fair 5 Poor ☐
E 4. Evaluating yourself after the harm reduction training programme: ***Management of priorities*** 1 Outstanding 2 Very Good 3 Good 4 Fair ☐

5 Poor

E 5. Evaluating yourself after the harm reduction training programme:

Overall effectiveness in your division

1 Outstanding

2 Very Good

3 Good

4 Fair

5 Poor

E 6. How would you rate the effectiveness of the training or course in providing you with new knowledge or skills?

1 Highly effective

2 Somewhat effective

3 Somewhat ineffective

4 Highly ineffective

5 Don't know

E 7. How would you rate the effectiveness of the training or course in updating or refining the knowledge or skills that you already had?

1 Highly effective

2 Somewhat effective

3 Somewhat ineffective

4 Highly ineffective

5 Don't know

E 8. How would you rate the effectiveness of the training or course in providing you with strategic approaches to address issues that you faced in work place?

1 Highly effective

2 Somewhat effective

3 Somewhat ineffective

4 Highly ineffective 5 Don't know
E 9. How is the training programme rated by you now, based on its utility in the work environment? 1 Outstanding 2 Very Good 3 Good 4 Fair ☐ 5 Poor
E 10. How conducive is the work environment to apply knowledge & skills learnt by you in the course? 1 Outstanding 2 Very Good 3 Good 4 Fair ☐ 5 Poor
E 11. After attending the training course: ***The quality of the work I do has improved*** 1 Agree 2 Disagree3 Don't know ☐
E 12. After attending the training course: ***I make fewer mistakes at work*** 1 Agree 2 Disagree ☐

3 Don't know
E 13. After attending the training course: ***My self-confidence has increased*** 1 Agree 2 Disagree ☐ 3 Don't know
E 14. After attending the training course: ***My motivation for working has improved*** 1 Agree 2 Disagree ☐ 3 Don't know
E 15. After attending the training course: ***My workmates can learn from me*** 1 Agree 2 Disagree ☐ 3 Don't know
E 16. How often do you make use of the training material? 1 Daily 2 Monthly 3 Weekly ☐

4 Only when needed

5 Never

E 17. Please describe briefly for what purposes you make use of the training materials and why?

E 18. Do you feel that if any other topic/subject, if included in the programme would have helped you in your work environment? If yes what kind of topic/subject?

E 19. Please mention specific instances if any, in day to day work experience where the training has helped you.

E 20. Please mention any other post training improvements related to job performance.

Section F. PARTICIPANTS' IMPRESSION ABOUT THE IMPACT ON THE INJECTING DRUG USERS AND THEIR SEXUAL PARTNERS DUE TO THE TRAINING RECEIVED

F 1. Do you think that the harm reduction training helped you to reach out to the IDUs better? 1 Yes 2 No 3 Can't say / Don't know ☐
F 2. Do you think that the harm reduction training helped you to reach out to the sexual partners of the IDUs better? 1 Yes 2 No 3 Can't say / Don't know ☐
F 3. Do you think that the harm reduction training helped you to deliver harm reduction messages to the IDUs better? 1 Yes 2 No 3 Can't say / Don't know ☐
F 4. Do you think that the harm reduction training helped you to deliver harm reduction messages to the sexual partners of the IDUs better? 1 Yes 2 No 3 Can't say / Don't know ☐
F 5. Do you think that the harm reduction training helped you to improve the quality of services to the IDUs better? 1 Yes 2 No 3 Can't say / Don't know ☐

F 6. Do you think that the harm reduction training helped you to improve the quality of services to the sexual partners of the IDUs better?

1 Yes

2 No ☐

3 Can't say / Don't know

F 7. Please describe how the harm reduction training has impacted on the HIV prevention and treatment services for the IDUs?

F 8. Please describe how the harm reduction training has impacted on the HIV prevention and treatment services for the sexual partners of the IDUs?

F 9. Any other comments / observations you want to provide related to the impact of harm reduction training on the services for the IDUs and their sexual partners?

EMMANUEL HOSPITAL ASSOCIATION

Thank you!

8.2. Questionnaire for Project Managers / Counsellors who have received training under Global Fund Round 9 HIV-IDU GRANT through Project HIFAZAT

ID number of participants

State _____ ☐ **TI Site**_____ ☐

Category: **1. Peer educators/outreach workers**

2. Project managers/counsellors ☐

3. Medical officers/Nurses

Participant ID ☐☐☐☐☐

ID No

Five digits: First two digits: State (1 to XX); Third digit: Category Number; Fourth and Fifth digits: (Serial number of respondents 01 to maximum of 99 in each of the States)

Name of Interviewer: _____

Result of interview (Please tick ✓ in the blank table)

Completed	Partially completed	Incomplete

Name of person entering data: _____

Date: _____/_____/_____

Screening

Have you attended the harm reduction training through the Hifazat Project? (Please draw a cycle "○" on the right answer)

Y/N

If no, thank the respondent and terminate the interview

If yes, proceed with the consent and interview

EMMANUEL HOSPITAL ASSOCIATION

Instructions

- Introduce yourself to the respondent
- Clearly describe the purpose of the interview
- Assure confidentiality
- Ask for consent

Thank you for taking the time to speak with me today.

My name is _____ and I am working as a researcher in this project "Mid-term Assessment Study on harm reduction trainings, conducted by the sub-recipients under Global Fund Round 9 HIV - IDU Grant, Hifazat Project".

Through this project, we hope to assess the impact of the harm reduction trainings conducted by the Hifazat Project. We are interviewing people who have received the harm reduction training(s) through the Hifazat project and will record the responses. This will help us to assess the impact of the harm reduction trainings provided.

We are not taking any names or addresses and I assure you that all of your responses will remain confidential. We will not look at individual answers but will analyze the data from various people across different targeted intervention sites in India as a group. You have the right to withhold any information that you do not want to divulge. In addition, you have the right to refuse participation at any stage of this interview.

If you agree to be interviewed, we would sincerely appreciate your cooperation. Thank you for giving us your time.

EMMANUEL HOSPITAL ASSOCIATION

CONSENT FORM: Questionnaire Administration

Lead Investigator:

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Research team:

Chingsubam Bangkim (Manipur, Nagaland, Assam, Meghalaya)

Debashish Das (West Bengal and Odisha)

Ira Madan (Delhi, Haryana and UP)

Kongtea Kong (Mizoram)

Koshal Rathore (Chhattisgarh, Madhya Pradesh)

Shivakumar. K (Kerala, AP, Maharashtra)

Researchers' statement

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The purpose of this study is to conduct a midterm impact assessment study to assess the change, if any in the existing levels of capacities, knowledge, attitude and practice related to harm reduction services among the various categories of service providers.

BENEFITS OF THE STUDY

There are no direct benefits to you for providing this information. However, your opinions and information will help inform Global Fund Round 9 HIV/IDU Grant Project HIFAZAT in addressing unmet needs for capacity building among harm reduction service providers.

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If you agree to be in this study you will be invited to participate in an interview where you will be required to answer a questionnaire. These questions will be asked by a trained interviewer. An interview may take about 45-60 minutes. Your name will not be mentioned in any of our records or documents. You do not have to answer any question you do not want to.

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There are no physical risks to participating in this study. We will make every effort to keep your identity confidential.

ALTERNATIVES TO TAKING PART IN THIS STUDY

You do not have to be in this study if you do not want to. Your decision not to participate will not have any negative influence on you in anyway.

OTHER INFORMATION

All of the information you provide will be confidential. Only the researchers will see your answers and your responses will be kept confidential. We will keep the filled questionnaires in locked cabinets with no identifiers for 5 years, and there will be no way to link it back to you. You may refuse to participate or may withdraw from the study at any time without penalty or loss of benefits to which you are otherwise entitled.

Printed name of study staff obtaining consent Signature
Date

Participant's statement

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later about the research, I can ask one of the researchers listed above.

Printed name of Participant Designation Signature of Participant Date

Section A. SOCIO-DEMOGRAPHIC INFORMATION

A1. How old are you (age in years)	**Enter actual age**	☐☐
A2. Sex 1 Male 2 Female		☐
A3. Level of education 1 Elementary 2 Middle school 3 Higher Secondary school 4 College education –under graduation 5 College education –post graduation		☐
A4. Employment status 1 Project Manager 2 Counsellor		☐
A5. Duration in job How long you are in this current job? (actual duration in months)		☐☐☐

Section B. DETAILS RELATED TO HARM REDUCTION TRAINING

B1. Training site (Enter site name) _____
B 2. Harm reduction training received 1 Induction training 2 Refresher training 3 Opioid substitution training 4 Combination, Specify combination ☐☐☐
B 3. Training modules provided (directly or through UNODC ROSA website) for the harm reduction training 1 Provided 2 Not provided ☐
B 4. Harm reduction training module used 1 STAYING SAFE: A Manual to train Project managers in IDU Interventions 2 STAYING SAFE: A Manual to Train Staff in IDU Interventions on Advocacy, Community Mobilization and Referral Networking 3 Combination, Specify combination ☐☐

Section C. PARTICIPANTS' REACTION TO THE HARM REDUCTION TRAINING PROGRAMME

C 1. Please rate the quality of Overall Content of the Harm Reduction Training Program 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor ☐
C 2. Please rate the quality of PowerPoint Slides used in the Harm Reduction Training Program 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor ☐
C 3. Please rate the quality of Presentation of Material by Trainers at the Harm Reduction Training Program 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor ☐

C 4. Please rate the quality of Group activities done at the Harm Reduction Training Program 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor ☐
C 5. Please rate the Facilitation of Activities by Trainers at the Harm Reduction Training Program 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor ☐
C 6. What presentation styles were the most effective for you? (For example, case studies, role play, lecture and group activity?) 1 Case studies 2 Role Play 3 Lecture 4 Group activity 5 Combination ☐☐☐☐
C 7. Please rate the quality of the training manuals (modules) used for Harm Reduction Training Program 1 Excellent 2 Very Good 3 Good ☐

4 Fair 5 Poor
C 8. Could you please describe your reactions to the harm reduction training program received by you?

Section D. PARTICIPANTS' LEARNING AS A RESULT OF RECEIVING THE HARM REDUCTION TRAINING PROGRAM

D 1. Have you been able to learn knowledge and skills during the harm reduction training program?

1 Yes

2 No

3 Can't say / Don't know

D 2. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Understanding drug use

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills

5 Not applicable

D 3. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Understanding IDU community and their vulnerabilities

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills

5 Not applicable

D 4. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Understanding the role of staff in TI including project managers

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 5. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Harm reduction

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 6. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Outreach and related management issues

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 7. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Needle Syringe Programme

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 8. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Waste disposal

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 9. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Condom programming

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 10. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Female sex partners of IDUs and Female injecting drug users

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 11. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Drop–in Centre and its Management

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 12. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Referral & Networking

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 13. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Community Mobilisation

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 14. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Legal aspects Related to Drugs and Drug Use

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills ☐

4 Decline in knowledge or skills

5 Not applicable

D 15. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Advocacy

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 16. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Clinical issues: abscess, STI, overdose and detoxification

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 17. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Understanding and Educating Clients on ART, Hepatitis C, TB, OI and Other Co-Morbidities

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 18. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Planning and Implementing Work Plan

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills

5 Not applicable

D 19. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Monitoring and Evaluation

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills

5 Not applicable

D 20. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Strategic Planning

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills

5 Not applicable

D 21. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Opioid Substitution Therapy (OST)

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills

5 Not applicable

D 22. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Documentation and Reporting

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills

5 Not applicable

D 23. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Procurement

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills

5 Not applicable

D 24. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Human Resource Management

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 25. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Financial Management

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 26. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Resource Mapping for Referral

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 27. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Establishing and maintaining referral networks

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 28. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Facilitating Community Mobilisation

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 29. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Developing Advocacy Strategies

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 30. Evaluating your knowledge / skills in the following topic related to harm

reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Advocacy to Facilitate Referral

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 31. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Advocacy with Community

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 32. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Monitoring and evaluation of Referral & Networking, Community Mobilisation & Advocacy

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 33. What are the *three most important things* you learned as a result of the harm reduction training program?

A.

B.

C.

D 34. What are the *three greatest strengths* of this harm reduction training?

A.

B.

C.

D 35. Would you like to say anything else about how what you learned as a result of the harm reduction training?

Section E. PARTICIPANTS' CHANGE IN PERFORMANCE ON THEIR JOB DUE TO HARM REDUCTION TRAINING

E 1. Have you been able to apply anything you learnt from the harm reduction training in your Job environment? 1 Yes 2 No ☐ 3 Can't say / Don't know
E 2. Evaluating yourself after the harm reduction training programme: ***Level of knowledge/skills related to the job*** 1 Outstanding 2 Very Good 3 Good 4 Fair5 Poor ☐
E 3. Evaluating yourself after the harm reduction training programme: ***Confidence in solving problems and making decisions*** 1 Outstanding 2 Very Good 3 Good 4 Fair ☐ 5 Poor
E 4. Evaluating yourself after the harm reduction training programme: ***Management of priorities*** 1 Outstanding 2 Very Good 3 Good4 Fair ☐

5 Poor

E 5. Evaluating yourself after the harm reduction training programme:

Overall effectiveness in your division

1 Outstanding

2 Very Good

3 Good

4 Fair

5 Poor ☐

E 6. How would you rate the effectiveness of the training or course in providing you with new knowledge or skills?

1 Highly effective

2 Somewhat effective

3 Somewhat ineffective

4 Highly ineffective

5 Don't know ☐

E 7. How would you rate the effectiveness of the training or course in updating or refining the knowledge or skills that you already had?

1 Highly effective

2 Somewhat effective

3 Somewhat ineffective

4 Highly ineffective

5 Don't know ☐

E 8. How would you rate the effectiveness of the training or course in providing you with strategic approaches to address issues that you faced in work place?

1 Highly effective

2 Somewhat effective

3 Somewhat ineffective ☐

4 Highly ineffective 5 Don't know
E 9. How is the training programme rated by you now, based on its utility in the work environment? 1 Outstanding 2 Very Good 3 Good 4 Fair ☐ 5 Poor
E 10. How conducive is the work environment to apply knowledge & skills learnt by you in the course? 1 Outstanding 2 Very Good 3 Good 4 Fair ☐ 5 Poor
E 11. After attending the training course: ***The quality of the work I do has improved*** 1 Agree 2 Disagree ☐ 3 Don't know
E 12. After attending the training course: ***I make fewer mistakes at work*** 1 Agree

2 Disagree 3 Don't know	☐
E 13. After attending the training course: ***My self-confidence has increased*** 1 Agree 2 Disagree 3 Don't know	☐
E 14. After attending the training course: ***My motivation for working has improved*** 1 Agree 2 Disagree 3 Don't know	☐
E 15. After attending the training course: ***My workmates can learn from me*** 1 Agree 2 Disagree 3 Don't know	☐
E 16. How often do you make use of the training material? 1 Daily 2 Monthly 3 Weekly	☐

4 Only when needed

5 Never

E 17. Please describe briefly for what purposes you make use of the training materials and why?

E 18. Do you feel that if any other topic/subject, if included in the programme would have helped you in your work environment? If yes what kind of topic/subject?

E 19. Please mention specific instances if any, in day to day work experience where the training has helped you.

E 20. Please mention any other post training improvements related to job performance.

Section F. PARTICIPANTS' IMPRESSION ABOUT THE IMPACT ON THE INJECTING DRUG USERS AND THEIR SEXUAL PARTNERS DUE TO THE TRAINING RECEIVED

F 1. Do you think that the harm reduction training helped you to counsel the IDUs better? 1 Yes 2 No 3 Can't say / Don't know ☐ 4 Not applicable
F 2. Do you think that the harm reduction training helped you to counsel the sexual partners of the IDUs better? 1 Yes 2 No ☐ 3 Can't say / Don't know 4 Not applicable
F 3. Do you think that the harm reduction training helped you to organise harm reduction services to the IDUs better? 1 Yes 2 No ☐ 3 Can't say / Don't know 4 Not applicable
F 4. Do you think that the harm reduction training helped you to organise harm reduction services to the sexual partners of the IDUs better? 1 Yes 2 No ☐ 3 Can't say / Don't know 4 Not applicable

F 5. Do you think that the harm reduction training helped you to manage harm reduction services to the IDUs better? 1 Yes 2 No ☐ 3 Can't say / Don't know 4 Not applicable
F 6. Do you think that the harm reduction training helped you to manage harm reduction services to the sexual partners of the IDUs better? 1 Yes 2 No ☐ 3 Can't say / Don't know 4 Not applicable
F 7. Do you think that the harm reduction training helped you to improve the quality of services to the IDUs better? 1 Yes 2 No ☐ 3 Can't say / Don't know
F 8. Do you think that the harm reduction training helped you to improve the quality of services to the sexual partners of the IDUs better? 1 Yes 2 No ☐ 3 Can't say / Don't know

F 9. Do you think that the harm reduction training helped you to mobilize the community of IDUs better?

1 Yes

2 No

3 Can't say / Don't know

4 Not applicable

F 10. Do you think that the harm reduction training helped you to advocate for referral linkages for IDUs better?

1 Yes

2 No

3 Can't say / Don't know

4 Not applicable

F 11. Do you think that the harm reduction training helped you to advocate with the general community to work with IDUs better?

1 Yes

2 No

3 Can't say / Don't know

4 Not applicable

F 12. Please describe how the harm reduction training has impacted on the HIV prevention and treatment services for the IDUs?

F 13. Please describe how the harm reduction training has impacted on the HIV prevention and treatment services for the sexual partners of the IDUs?

F 14. Any other comments / observations you want to provide related to the impact of harm reduction training on the services for the IDUs and their sexual partners?

Thank you!

8.3. Questionnaire for Medical Officers / Nurses who have received training under Global Fund Round 9 HIV-IDU GRANT through Project HIFAZAT

ID number of participants

State _____ ☐ **TI Site**_____ ☐

Category: **1. Peer educators/outreach workers**

2. Project managers/counsellors ☐

3. Medical officers/Nurses

Participant ID ☐☐☐☐☐

ID No

Five digits: First two digits: State (1 to XX); Third digit: Category Number; Fourth and Fifth digits: (Serial number of respondents 01 to maximum of 99 in each of the States)

Name of Interviewer: _____

Result of interview (Please tick ✓ in the blank table)

Completed	Partially completed	Incomplete

Name of person entering data: _____

Date: _____/_____/_____

Screening

Have you attended the harm reduction training through the Hifazat Project? (Please draw a cycle "○" on the right answer)

Y/N

`If no, thank the respondent and terminate the interview`

If yes, proceed with the consent and interview

Instructions

- Introduce yourself to the respondent
- Clearly describe the purpose of the interview
- Assure confidentiality
- Ask for consent

Thank you for taking the time to speak with me today.

My name is _____ and I am working as a researcher in this project "Mid-term Assessment Study on harm reduction trainings, conducted by the sub-recipients under Global Fund Round 9 HIV - IDU Grant, Hifazat Project".

Through this project, we hope to assess the impact of the harm reduction trainings conducted by the Hifazat Project. We are interviewing people who have received the harm reduction training(s) through the Hifazat project and will record the responses. This will help us to assess the impact of the harm reduction trainings provided.

We are not taking any names or addresses and I assure you that all of your responses will remain confidential. We will not look at individual answers but will analyze the data from various people across different targeted intervention sites in India as a group. You have the right to withhold any information that you do not want to divulge. In addition, you have the right to refuse participation at any stage of this interview.

If you agree to be interviewed, we would sincerely appreciate your cooperation. Thank you for giving us your time.

EMMANUEL HOSPITAL ASSOCIATION

CONSENT FORM: Questionnaire Administration

Lead Investigator:

Dr. M. Suresh Kumar MD DPM MPH +919840031559

Research team:

Chingsubam Bangkim (Manipur, Nagaland, Assam, Meghalaya)

Debashish Das (West Bengal and Odisha)

Ira Madan (Delhi, Haryana and UP)

Kongtea Kong (Mizoram)

Koshal Rathore (Chhattisgarh, Madhya Pradesh)

Shivakumar. K (Kerala, AP, Maharashtra)

Researchers' statement

We are asking you to be in a research assessment study. The purpose of this consent form is to give you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask questions about the purpose of the study, what we would ask you to do, the possible risks and benefits, and anything else about the study that is not clear. When we have answered all your questions, you can decide if you want to be in the study or not.

PURPOSE OF THE STUDY

The purpose of this study is to conduct a midterm impact assessment study to assess the change, if any in the existing levels of capacities, knowledge, attitude and practice related to harm reduction services among the various categories of service providers.

BENEFITS OF THE STUDY

There are no direct benefits to you for providing this information. However, your opinions and information will help inform Global Fund Round 9 HIV/IDU Grant Project HIFAZAT in addressing unmet needs for capacity building among harm reduction service providers.

STUDY PROCEDURES

If you agree to be in this study you will be invited to participate in an interview where you will be required to answer a questionnaire. These questions will be asked by a trained interviewer. An interview may take about 45-60 minutes. Your name will not be mentioned in any of our records or documents. You do not have to answer any question you do not want to.

RISKS, STRESS, OR DISCOMFORT

There are no physical risks to participating in this study. We will make every effort to keep your identity confidential.

ALTERNATIVES TO TAKING PART IN THIS STUDY

You do not have to be in this study if you do not want to. Your decision not to participate will not have any negative influence on you in anyway.

OTHER INFORMATION

All of the information you provide will be confidential. Only the researchers will see your answers and your responses will be kept confidential. We will keep the filled questionnaires in locked cabinets with no identifiers for 5 years, and there will be no way to link it back to you. You may refuse to participate or may withdraw from the study at any time without penalty or loss of benefits to which you are otherwise entitled.

Printed name of study staff obtaining consent Signature
Date

Participant's statement

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later about the research, I can ask one of the researchers listed above.

Printed name of Participant Designation Signature of Participant Date

Section A. SOCIO-DEMOGRAPHIC INFORMATION

A1. How old are you (age in years)	**Enter actual age**	☐☐
A2. Sex 1 Male 2 Female		☐
A3. Level of education 1 Elementary 2 Middle school 3 Higher Secondary school 4 College education –under graduation 5 College education –post graduation		☐
A4. Employment status 1 Medical Officer 2 Nurse		☐
A5. Duration in job How long you are in this current job? (actual duration in months)		☐☐☐

Section B. DETAILS RELATED TO HARM REDUCTION TRAINING

B1. Training site (Enter site name) _____
B 2. Harm reduction training received 1 Induction training 2 Refresher training 3 Opioid substitution training 4 Combination, Specify combination ☐☐☐
B 3. Training modules provided (directly or through UNODC ROSA website) for the harm reduction training 1 Provided 2 Not provided ☐
B 4. Harm reduction training module used 1 STAYING SAFE: A Manual to Train Clinical Staff in IDU Interventions 2 STAYING SAFE: A Manual to Train Clinical Staff on Co-morbidities Associated with Injecting Drug Use 3 Combination, Specify combination ☐☐

Section C. PARTICIPANTS' REACTION TO THE HARM REDUCTION TRAINING PROGRAMME

C 1. Please rate the quality of Overall Content of the Harm Reduction Training Program 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor ☐
C 2. Please rate the quality of PowerPoint Slides used in the Harm Reduction Training Program 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor ☐
C 3. Please rate the quality of Presentation of Material by Trainers at the Harm Reduction Training Program 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor ☐

C 4. Please rate the quality of Group activities done at the Harm Reduction Training Program

1 Excellent

2 Very Good ☐

3 Good

4 Fair

5 Poor

C 5. Please rate the Facilitation of Activities by Trainers at the Harm Reduction Training Program

1 Excellent

2 Very Good

3 Good ☐

4 Fair

5 Poor

C 6. What presentation styles were the most effective for you? (For example, case studies, role play, lecture and group activity?)

1 Case studies

2 Role Play

3 Lecture

4 Group activity ☐☐☐☐

5 Combination

C 7. Please rate the quality of the training manuals (modules) used for Harm Reduction Training Program

1 Excellent

2 Very Good

3 Good

4 Fair

5 Poor

C 8. Could you please describe your reactions to the harm reduction training program received by you?

Section D. PARTICIPANTS' LEARNING AS A RESULT OF RECEIVING THE HARM REDUCTION TRAINING PROGRAM

D 1. Have you been able to learn knowledge and skills during the harm reduction training program?

1 Yes

2 No

3 Can't say / Don't know

D 2. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Basics of Drugs

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills

5 Not applicable

D 3. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Understanding Drug Related Harms and Injecting Drug Use

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills

5 Not applicable

D 4. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Harm Reduction – Understanding the Principles

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 5. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

National AIDS Control Programme

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 6. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Targeted Intervention for Injecting Drug Users

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 7. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Roles and Responsibilities of Doctors and Nurses in IDU TI Programs

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 8. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Assessment and Diagnosis

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 9. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Counselling for Safer Injecting Practices

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 10. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Drug Treatment: Detoxification

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 11. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Drug Treatment: Opioid Substitution Therapy

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 12. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Sexually Transmitted Infections: Basics

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 13. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Prevention of Sexually Transmitted Infections

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 14. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Management of Sexually Transmitted Infections

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills ☐

4 Decline in knowledge or skills

5 Not applicable

D 15. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Basics of HIV

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 16. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Prevention and Management of HIV: The Role of Doctors and Nurses

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 17. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Abscess Prevention and Management

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 18. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Overdose Prevention and Management

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 19. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Co-morbid Conditions among IDUs – Hepatitis & Tuberculosis

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 20. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Understanding Co-morbidities/Mental Health

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 21. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Networking and Referral Services

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 22. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Advocacy

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 23. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Co-morbidities among IDUs (Overview)

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 24. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Mental Health and Mental Illness (Psychiatric Disorder)

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 25. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Mental Illnesses (Psychiatric Disorders) – Clinical Assessment

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 26. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Mental Illnesses (Psychiatric Disorders) – Signs and Symptoms

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 27. Evaluating your knowledge / skills in the following topic related to harm

reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Depression and Drug use

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 28. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Anxiety Disorder and Drug use

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 29. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Psychotic disorders and Drug use

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 30. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Personality Disorder and Drug use

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 31. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Other Psychiatric Disorders and Drug use

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 32. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Infective Hepatitis: Hepatitis C & B

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 33. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Understanding and Educating the Client on TB

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 34. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Other Physical Conditions (Anaemia and Nutrition)

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 35. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Other Common Physical Symptoms (Constipation, Pain and Poor Oral Health)

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 36. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Alcohol Use Disorder

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 37. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Benzodiazepine Use Disorder

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills ☐

4 Decline in knowledge or skills

5 Not applicable

D 38. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Opioid Withdrawals

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 39. Evaluating your knowledge / skills in the following topic related to harm reduction learned during the training, how do you rate the knowledge / skills after the harm reduction training?

Networking Referral and Linkages

1 A lot of knowledge or skills

2 Some knowledge or skills

3 No change in knowledge or skills

4 Decline in knowledge or skills ☐

5 Not applicable

D 40. What are the *three most important things* you learned as a result of the harm reduction training program?

A.

B.

C.

D 41. What are the *three greatest strengths* of this harm reduction training?

A.

B.

C.

D 42. Would you like to say anything else about how what you learned as a result of the harm reduction training?

Section E. PARTICIPANTS' CHANGE IN PERFORMANCE ON THEIR JOB DUE TO HARM REDUCTION TRAINING

E 1. Have you been able to apply anything you learnt from the harm reduction training in your Job environment? 1 Yes 2 No 3 Can't say / Don't know ☐
E 2. Evaluating yourself after the harm reduction training programme: ***Level of knowledge/skills related to the job*** 1 Outstanding 2 Very Good 3 Good 4 Fair 5 Poor ☐
E 3. Evaluating yourself after the harm reduction training programme: ***Confidence in solving problems and making decisions*** 1 Outstanding 2 Very Good 3 Good 4 Fair 5 Poor ☐

E 4. Evaluating yourself after the harm reduction training programme:

Management of priorities

1 Outstanding

2 Very Good

3 Good

4 Fair

5 Poor

☐

E 5. Evaluating yourself after the harm reduction training programme:

Overall effectiveness in your division

1 Outstanding

2 Very Good

3 Good

4 Fair

5 Poor

☐

E 6. How would you rate the effectiveness of the training or course in providing you with new knowledge or skills?

1 Highly effective

2 Somewhat effective

3 Somewhat ineffective

4 Highly ineffective

5 Don't know

☐

E 7. How would you rate the effectiveness of the training or course in updating or refining the knowledge or skills that you already had?

1 Highly effective

2 Somewhat effective

3 Somewhat ineffective

4 Highly ineffective ☐

5 Don't know

E 8. How would you rate the effectiveness of the training or course in providing you with strategic approaches to address issues that you faced in work place?

1 Highly effective

2 Somewhat effective

3 Somewhat ineffective

4 Highly ineffective ☐

5 Don't know

E 9. How is the training programme rated by you now, based on its utility in the work environment?

1 Outstanding

2 Very Good

3 Good

4 Fair ☐

5 Poor

E 10. How conducive is the work environment to apply knowledge & skills learnt by you in the course?

1 Outstanding

2 Very Good

3 Good

4 Fair

5 Poor

E 11. After attending the training course:

The quality of the work I do has improved

1 Agree

2 Disagree

3 Don't know

E 12. After attending the training course:

I make fewer mistakes at work

1 Agree

2 Disagree

3 Don't know

E 13. After attending the training course:

My self-confidence has increased

1 Agree

2 Disagree

3 Don't know

E 14. After attending the training course:

My motivation for working has improved

1 Agree

2 Disagree ☐

3 Don't know

E 15. After attending the training course:

My workmates can learn from me

1 Agree

2 Disagree ☐

3 Don't know

E 16. How often do you make use of the training material?

1 Daily

2 Monthly

3 Weekly ☐

4 Only when needed

5 Never

E 17. Please describe briefly for what purposes you make use of the training materials and why?

E 18. Do you feel that if any other topic/subject, if included in the programme would have helped you in your work environment? If yes what kind of topic/subject?

E 19. Please mention specific instances if any, in day to day work experience where the training has helped you.

E 20. Please mention any other post training improvements related to job performance.

Section F. PARTICIPANTS' IMPRESSION ABOUT THE IMPACT ON THE INJECTING DRUG USERS AND THEIR SEXUAL PARTNERS AT LARGE DUE TO THE TRAINING RECEIVED

F 1. Do you think that the harm reduction training helped you to assess the clinical issues related to the IDUs better? 1 Yes 2 No 3 Can't say / Don't know ☐ 4 Not applicable
F 2. Do you think that the harm reduction training helped you to assess the clinical issues related to the sexual partners of the IDUs better? 1 Yes 2 No ☐ 3 Can't say / Don't know 4 Not applicable
F 3. Do you think that the harm reduction training helped you to deliver the clinical services related to the IDUs better? 1 Yes 2 No ☐ 3 Can't say / Don't know 4 Not applicable
F 4. Do you think that the harm reduction training helped you to deliver the clinical services related to the sexual partners of the IDUs better? 1 Yes 2 No ☐ 3 Can't say / Don't know 4 Not applicable

F 5. Do you think that the harm reduction training helped you to manage mental health of the IDUs better? 1 Yes 2 No 3 Can't say / Don't know 4 Not applicable ☐
F 6. Do you think that the harm reduction training helped you to manage mental health of the sexual partners of the IDUs better? 1 Yes 2 No 3 Can't say / Don't know 4 Not applicable ☐
F 7. Do you think that the harm reduction training helped you to manage co-morbidities of the IDUs better? 1 Yes 2 No 3 Can't say / Don't know 4 Not applicable ☐
F 8. Do you think that the harm reduction training helped you to manage co-morbidities of the sexual partners of the IDUs better? 1 Yes 2 No 3 Can't say / Don't know ☐

4 Not applicable

F 9. Do you think that the harm reduction training helped you to manage alcohol and other drug use disorder of the IDUs better?

1 Yes

2 No

3 Can't say / Don't know

4 Not applicable

F 10. Do you think that the harm reduction training helped you to improve the quality of services to the IDUs better?

1 Yes

2 No

3 Can't say / Don't know

F 11. Do you think that the harm reduction training helped you to improve the quality of services to the sexual partners of the IDUs better?

1 Yes

2 No

3 Can't say / Don't know

F 12. Please describe how the harm reduction training has impacted on the clinical services for the IDUs?

F 13. Please describe how the harm reduction training has impacted on the clinical services for the sexual partners of the IDUs?

F 14. Any other comments / observations you want to provide related to the impact of harm reduction training on the clinical services for the IDUs and their sexual partners?

Thank you!